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EPIDEMIOLOGY

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LONG-DISTANCE TRUCK DRIVERS, BAR GIRLS SPREAD AIDS EAST TO WEST

Stockholm DAGENS NYHETER in Swedish 28 Mar 87 p 8

[Article by Anna-Maria Hagerfors: "AIDS Must Be 'Ancestors' Revenge'"; first paragraph is DAGENS NYHETER introduction]

[Text] AIDS is threatening to wipe out villages and towns around Lake Victoria in southern Uganda and northern Tanzania. Up to 86 percent of the young women at the truck stops along the trade route from West Africa to the port city of Mombasa in Kenya are infected. 15 percent carry the virus. The number of sick doubles in three months. The epidemic is now spreading towards Sudan.

Ninzi, Uganda--Grandmother Namukosa has dressed Sarah in her prettiest red silk-dress and placed white pearls around her throat. First Grandmother Namukosa watched her grandchildren die of AIDS, thin as sticks. Two weeks ago it was her son-in-law's turn. Now her daughter Sarah is dying in Grandmother Namukosa's mud hut.

It is difficult for the grandmothers in the small village of Ninzi, near Lake Victoria in southern Uganda that is threatened with extinction. In their small mud huts with tin roofs, all of them are caring for sons, daughters or grandchildren who are sick with AIDS.

Almost every day there are funerals for young parents and small children because of "slim" which is the name here for the disease that makes people so thin and slim. Previously there was perhaps a funeral a month, mostly for old people who had died.

Grandmother Namukosa and the other worn old ladies shake their heads, wipe their tears and mumble that it is the ancestors' revenge.

For a long time they have felt that the ancestors would become angry. Of course, retribution will come since the young people violate ancient traditions and have intercourse with many. In their time, and for thousands of years previously, the punishment for infidelity was severe. Now the civilization, the Coca-Cola bars and the disco-thumping truck stops have eroded the traditions.

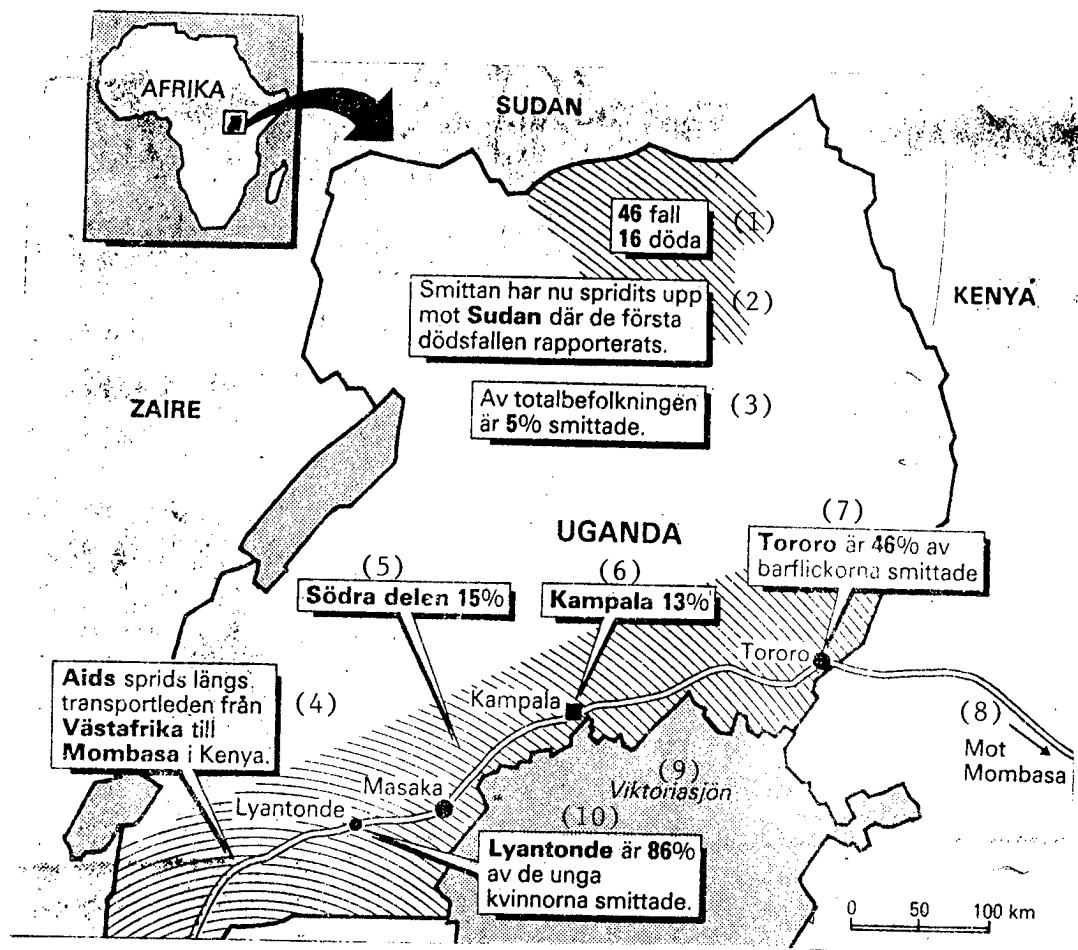


Illustration: KENT ENSTRÖM

The "AIDS-belt" runs through southern Uganda and northern Kenya. 15 percent of the population is infected. The disease is now spreading towards Sudan.

1. 46 cases, 16 dead
2. The infection has now spread towards Sudan, where the first deaths have been reported
3. 5% of the total population is infected
4. AIDS is spread along the trade route from West Africa to Mombasa in Kenya
5. Southern part 15%
6. Kampala 13%
7. In Tororo 46% percent of the bar-girls are infected
8. Towards Mombasa
9. Lake Victoria
10. In Lyantonde 86% of the young women are infected

Young People Infected

A study done in this district showed that the young infected men and women had had an average of eighteen sex-partners. A control group, free from the virus, had "only" had nine.

With concern, the grandmothers have watched their daughters and granddaughters take off for the small hotels, where the giant trucks are lined up and the tough and stylish drivers amuse themselves with the girls from the neighborhood. The prettiest ones are picked up and brought along on a trip to Mombasa. Who doesn't want the chance to get out into the world and see the ocean?

With concern, the mothers have also watched their sons take one mistress after another.

"The ancestors have become angry and have placed a hex on the young people," say the medicine men.

"You have been struck by God's punishment," thunders a Canadian preacher, who travels around and raises his tent in the villages.

The grandmothers have to pull the heavy load.

Already a few miles south of the capital city, Kampala, we notice that we are nearing the AIDS area. The soldiers who stop us for a weapons check ask us for condoms, when they see that we are traveling in the Landrover belonging to the Health Ministry.

Small Lizards

Louis Ochiero, who heads the ambitious information-campaign, gives out brochures about AIDS and promises to bring some condoms the next time.

Robert Ssango is responsible for preventive health care in the district. He takes us through the village of Ninzi and points to mud hut after mud hut. AIDS, AIDS, AIDS...

Grandmother Namukosa has made a nice bed for Sarah in the front room of the hut, where there is a cool breeze and small lizards run along the walls. She has covered her feverish daughter with a thick blanket and placed a statue of the Virgin Mary by her pillow.

Sarah is thin and sunken but still beautiful. She suffers from intolerably itching hives on her arms, a cough and a consuming diarrhea. Her eyes are enormous. Burning. Questioning.

Sarah whispers: "I became ill last January. First my one-year old twins died, then my husband died two weeks ago."

"His three mistresses are also infected," says Grandmother Namukosa drily. "One of them is sick in bed at her mother's and is as ill as Sarah."

Grandmother Namukosa says that the only thing she can do is boil herbal teas to alleviate Sarah's diarrhea.

"Does medication against slim exist in your country? If one has lots of money?"

We tell her, "No, the disease is incurable, no matter how much money you have."

She gives us a sceptical look.

Winding Paths

We continue walking on winding paths along the banana plantations. In Grandmother Babirye's hut, her daughter Juliet is resting in the inner room. She can still get up, so she moves slowly into the front room which is covered with grass-rugs and carefully sits down in an old easy-chair which Grandmother Babitye has draped with a quilt.

Juliet is the same age as Sarah, around 30. She has the same burning wide-open eyes.

Her first child, a boy, died from AIDS when he was a year old. Now she has a small, round baby girl, who still does not show any symptoms. The risk for the little one being infected is about 60 percent. The husband has abandoned Juliet and has another woman.

Robert Ssango sighs, "Then we must find her and test her."

Robert and his colleagues have brought large forms and go from village to village trying to chart the spread of the infection.

Grandmother Babirye herself is not feeling well, she sits there wizened and wrinkled and complains of a fever and headache.

"That is malaria," says Robert Ssango, "you will have to go to the clinic and get some medicine."

Arms With Sores

Grandmother Babirye knows that the risk of getting AIDS from helping her daughter's diarrhea and treating her arms that are full of sores is almost non-existent. A study in the villages here has shown that in families with AIDS-cases at home, only those who are sexually active are infected.

So the grandmothers bring their children and grandchildren home. No one is rejected. Few need to die in the hospital.

25-year old Olive Nakide is an exception.

In the farthest corner of an empty ward at the clinic, there is a rose-colored screen. Behind it lies Olive, so emaciated that only the bones are left.

There is no grandmother in Olive's family to care for her. Her husband has abandoned her. He is a fisherman on Lake Victoria and took off north for Entebbe when Olive became ill.

"He has another woman now. One child died. I don't know what kind of disease I have," Olive whispers and her enormous eyes become wondering, appealing.

She cannot have much time left. Her ten-year old daughter sits on the floor next to the sick-bed with a small cooking utensil, making a banana dish for herself. Olive cannot eat.

She makes a great effort, as if trying to say something important: "Can you arrange for me to go to a large hospital and get some medicine?"

Ordinary Medication

Robert Ssango looks at her kindly and says: "I will see what I can do."

He sighs when we leave. "It is much better if they are allowed to die at home. We encourage home care and try to see to it that they receive ordinary medication or herbal medicines for the diarrhea and the itching. The most important thing is that they not feel abandoned."

Medication is expensive, and when it comes to AIDS, which cannot be cured only somewhat alleviated, Uganda now wants to direct its efforts towards traditional herbal medicines and it has received strong support from the experts from the World Health Organization.

We continue to a Catholic mission in the area. There a Ugandan monk is working with traditional medicine. In Father Anatole's office, the shelves are filled with dried herbs, roots and seeds.

Father Anatole says that he can cure many illnesses, even sterility, but when it comes to AIDS he can only soothe. He can give remedies for vomiting, coughing, itching and diarrhea. He also gives psychological help.

"When the AIDS-patients arrive and are worried because the witch-doctors have told them that they have been hexed, I light a censer with herbs. The incense makes them want to talk and they talk away their worry and anguish. If necessary I also tell them that the smoke will take away the hex," says Father Anatole with a broad smile.

He is angry with the witch-doctors.

"They know a lot and I have learned much of their ancient knowledge of herbal medicines. But they only deceive people. They say that they are talking to the ancestors and perform a lot of hocus-pocus. I tell people that is not necessary, you only get taken for a lot of money."

Father Anatole's dream is getting help to create medicinal herb-gardens in Uganda. Maybe the AIDS-epidemic will make it a reality.

12339

CSO: 5400/2454

SWEDISH AID ORGANIZATION ASKS FUNDS FOR WHO'S AIDS PROJECT

Stockholm DAGENS NYHETER in Swedish 14 May 87 p 8

[Article by Carin Stahlberg]

[Text] The Swedish International Development Authority [SIDA] has asked the Swedish government for 100 million kronor to combat AIDS in developing countries where it is a problem. A great deal of the money will go to the World Health Organization's information campaign in Africa.

If SIDA's request is approved, Sweden will probably be the biggest financial contributor to WHO's AIDS program.

"There are people who say that the battle is lost because 10-20 million people are already infected. But let us turn the figure around instead and note that there are 500 million Africans who are not infected," said Carl Wahren, head of SIDA's health office.

In the letter to the government SIDA points out that AIDS has developed at breathtaking speed in the last 7 to 8 years. Today over 100 countries around the world have inhabitants who are infected with the HIV virus. It is estimated that 20 million people have been infected with HIV, but WHO regards the figure as too low. Inadequate reporting and poor diagnostic techniques keep down the number of reported cases.

Many Times Greater

The real figure should be many times greater than that, according to WHO.

Half of all those infected with HIV are found in Africa. And although AIDS is primarily associated with illness and death, the social and economic consequences are more than catastrophic, SIDA wrote to Development Aid Minister Lena Hjelm-Wallen.

"The economic reductions in these countries have a negative effect on the education system and health care. Therefore the benefit of aid money is also greatest there," said Carl Wahren.

He said that in one of the African ports where imported condoms are unloaded the incidence of theft is very high. Information on the importance of using

condoms during sexual intercourse will also be one of the major points stressed in the WHO AIDS program.

SIDA wants 70 million kronor to go to WHO's international AIDS-control program. It wants 22 million for the preparation of support for bilateral efforts by Swedish and international volunteer organizations and 6 million for the development of Swedish resources.

If the government grants SIDA's request Sweden will be responsible for a third of the WHO program to combat AIDS. "Uganda will be a pilot project. We will chart the spread of HIV and try to prevent the infection from spreading further. Both state and volunteer organizations will be involved."

After Uganda it will be Tanzania's turn and SIDA hopes it can reach all the AIDS-affected developing African countries within a 15-month period via the WHO program.

6578
CSO: 5400/2474

ANGOLAN CHOLERA EPIDEMIC DESCRIBED

Johannesburg THE SUNDAY STAR (Review) in English 7 Jun 87 p 1

[Text]

THE embattled Angolan government is trying to control a cholera epidemic sweeping down from the northern borders of the country.

The World Health Organisation says it has been notified so far of 350 suspected cases.

Outside the main hospital in Luanda, queues of families wait to be seen by one of the foreign doctors who have been drafted in to help run the country's health service.

There are only 800 doctors in the whole of Angola, of whom two-thirds are foreigners.

Some of the patients are suffering from other complaints such as malaria, tetanus, diarrhoea and even leprosy.

Since last April, cholera has entered the lists, infiltrating down from the northern town of Soyo and gradually entering the suburbs of the capital.

The government only admits to four confirmed cases of cholera in Luanda and the Minister of Health, Mr Antonio Neto, has said there is no reason to panic.

Foreign doctors resident in the capital say, however, that dozens have been affected.

Last week, in response to public concern, the government set up six mobile clinics specifically for cholera patients.

The main symptoms are diarrhoea and vomiting, according to Dr Carlos Fernandes, the director of public health.

Vomit, the colour of boiled

rice, can lead to dehydration and death within hours.

DISASTERS

The cholera epidemic is the latest in a series of apocalyptic disasters to hit the Marxist government since independence from Portugal in 1975.

War against South African-backed Unita guerillas has created a refugee population of more than half-a-million.

Families have fled from the south and east, where Unita has its bases, to sanctuary in Luanda where the population of the city has trebled in 10 years.

Military experts in Luanda say Unita's aim is to prove that the government controls no more than 10 percent of the country.

Foreign diplomats agree that the government's writ does not run beyond the areas of Luanda, Benguela and Lubango. In all other areas, Unita has been able to attack government targets with impunity.

The overall impact has been to paralyse the country's economy with the damage caused by the war estimated at more than R20 billion.

Worst affected of all is agriculture. Unita's tactics of laying mines in the countryside have led to a disastrous drop in food production. Fields lie neglected and entire plantations of coffee are slowly being swallowed up by the jungle.

The effects of this war famine are evident even in Luanda for which food has to be imported from abroad. Market gardens in the suburbs supply some fresh fruit and vegetables, but not a single restaurant is open.

BLACK MARKET

For basic everyday needs, families rely on the Candonga, or the black market.

Another black market called the calaboca (which translates as "keep your mouth shut") sells motor spare parts and household items. A pair of shoes at the calaboca will cost the equivalent of R300.

In the currency black market, the rate of exchange has no meaning, since the currency unit, the kwanza, is now sold at one 50th of its official value. In the state bank, it is still pegged at 30 kwanzas to the US dollar.

In this picture of unrelieved gloom the only bright spot on the horizon is the country's future in oil.

Production from the Cabinda enclave and the Zaire river is currently running at 300 000 barrels a day and accounts for 95 percent of Angola's hard currency earnings.

The \$1500 million from oil exports has helped to keep the economy afloat. It also pays for the 37 000 Cuban troops on whom the Angolan government relies as a last line of defence. □

/9274

CSO: 5400/194

ANGOLA

HUMAN

BRIEFS

CHOLERA OUTBREAK IN LUANDA--Luanda Province is recording a daily average of 60 suspected cases of cholera. The epidemic had caused 59 recorded deaths by 3 May. According to a communique issued yesterday by the National Directorate of Public Health, there have been 673 suspected cases, 34 of which have been confirmed. The communique names the suburbs of Ilha, Samba, Prenda, and Rangel as the four principal localities of cholera in Luanda Province. In Zaire Province, more specifically in the Soyo municipality where the epidemic began, 666 cases have been recorded, 230 of which were admitted to hospital and 10 of which resulted in death. The epidemic has spread to the municipalities of Tomboco and Zeto and to the communes of Mussumba, Quelo, and Pedra do Feitico. The communique from the National Directorate of Public Health notes that in Bengo Province the disease has also been reported in the Barra do Dande, with some isolated cases in Caxito. [Excerpt] [Luanda Domestic Service in Portuguese 1200 GMT 6 Jun 87 MB] /9738

CSO: 5400/192

CANADA

HUMAN

AIDS INCIDENCE, VANCOUVER PROSTITUTE TESTS DISCUSSED

1,000 Reported Cases

Vancouver THE SUN in English 28 Apr 87 p B1

[Text]

Canadian Press

OTTAWA — The number of reported cases of AIDS hit 1,000 Monday.

An estimated 75,000 Canadians have already been exposed to the acquired immune deficiency syndrome virus and may be carriers, says Dr. Alastair Clayton, head of the federal government's Labora-

tory Centre for Disease Control and secretary of the government's advisory council on AIDS.

"We can't do much about the 75,000 people who are already infected, but can we stop that 75,000 infecting another 75,000 in a year?"

At least 82 per cent of the AIDS victims in Canada have been homo-

sexual or bisexual males.

"Anal intercourse has been shown to be most likely to cause disease, and the receptive partner is the person most likely to get the disease," Clayton says.

There are only 26 cases in Canada where AIDS is known to have been acquired through heterosexual intercourse.

Vancouver Prostitutes' Positive Tests

Vancouver THE SUN in English 1 May 87 p A1

[Article by Neal Hall]

[Text]

Two prostitutes who tested positive for the AIDS antibody are the first proof that the virus is a risk to the heterosexual community, a Vancouver health official specializing in communicable diseases said Thursday.

Although the provincial figures do not identify where the prostitutes live, Dr. Ted McLean said: "It would be my assumption that the prostitutes are working the

Vancouver streets."

Health ministry spokesman Terry Moran said "the vast majority" of the roughly 14,000 people tested in the last 18 months live in the Lower Mainland.

Only two of 57 prostitutes tested for acquired immune deficiency syndrome antibody yielded positive results.

It is the first time prostitutes have tested positive. Results re-

leased Feb. 17 showed no positive tests among 125 Vancouver prostitutes.

Among the 1,191 who have tested positive to date, 1,014 were homosexual/bisexual, 37 were heterosexuals, 17 were multiple blood transfusion recipients, 12 were hemophiliacs, 12 were teenagers and seven were intravenous drug users.

/9274
CSO: 5420/32

CANADA GIVES 'CHILDHOOD' DISEASE INCIDENCE STATISTICS

Ottawa THE OTTAWA CITIZEN in English 8 May 87 p B10

[Article by Greg Ip]

[Text]

Incidence of diseases

	1986 Cases in Canada	1985 Cases in Canada	1985 Fatal cases	1986 Ottawa- Carleton
Chickenpox	35,225		4	2,377
Measles	15,046	2,816	0	20
Rubella	2,388	2,492	0	11
Mumps	590		0	12
Whooping Cough	2,296	2,376	0	57
Diphtheria	5	9	0	0
Meningitis	862	1,114	45	22

Last year was the first in which Statistics Canada gathered national Mumps and Chickenpox figures. Local figures were supplied by Ottawa-Carleton health department.

For most Canadians, diseases like measles, mumps, whooping cough and rubella (German measles) mean a jab in the arm in grade school, and little else.

Thanks to nation-wide vaccination programs, contracting these "childhood" diseases is now the exception, not the rule.

But with the exception of polio, thousands of Canadian youngsters still do catch them.

They can have permanent effects ranging from scars to brain damage, and in rare cases, death.

Chickenpox

The commonest childhood disease, chickenpox is one of the few for which no vaccine is available. One has been developed in Japan, however, and is expected to be introduced in Canada next year.

The disease is characterized by a rash of itchy blisters, and usually subsides after about a week. The disease has few complications.

Measles

Last year was a bad one for measles, largely due to an outbreak in British Columbia blamed on problems with a vaccination program.

Measles victims develop a cough, running nose and a severe rash. Typically, the symptoms last for three or four days.

Rubella

Rubella has a mild rash and fever which disappear after about two days. It remains contagious for about four more days.

The disease seldom has complications, but can be extremely harmful to unborn children. If the mother is infected, the child may die, or be born with deformities.

Whooping cough

Whooping cough begins with throat irritation and a cough, and progresses to paroxysms of coughing and vomiting.

It is highly infectious in the first three weeks after the onset of severe coughing. It typically lasts up to 10 weeks if there are no complications. A third of the people who contract whooping cough are infants six months old or less.

Mumps

Mumps begins with fever and headache, followed by swelling of the salivary glands. The symptoms persist for four or five days, and it remains infectious up to nine days after swelling first appears.

Deafness, sterility and arthritis are possible but extremely rare complications.

Meningitis

The term meningitis refers to several diseases, all of which attack the membranes around the brain and spinal cord. Meningitis is usually characterized by fever, headache, nausea, vomiting and a stiff neck. Meningococcal meningitis is the most dangerous variety, and can result in deafness, blindness or brain damage.

Vaccines for some strains have been available in Ontario since last year.

Diphtheria

Now very rare, diphtheria causes fever, sore throat and fatigue. Patients develop a large thick membrane in the upper respiratory tract.

In severe cases, it can lead to nerve palsies or paralysis.

NUMBER OF RED MEASLES CASES REPORTED IN OTTAWA AREA

Ottawa THE OTTAWA CITIZEN in English 14 May 87 p B1

[Article by Sharon Trottier]

[Text]

The number of reported cases of red measles in Ottawa-Carleton has jumped to 22 from 15 in less than a week.

Rob Dolan, spokesman for the Ottawa-Carleton Regional Health Unit, said five of the Ottawa cases involved students at an elementary school in the city's west end.

But Dolan said there is no link to the outbreak of red measles in the Outaouais.

Until now, the red measles cases in the Ottawa region have been dispersed and not confined to any one group.

Dolan would not identify the school, saying officials are pulling out the medical records of all its students to see which haven't been immunized.

"Then we'll know which students to exclude from classes," Dolan said. "We don't want to set off an alarm."

Dolan said it will be easy to pinpoint which students haven't been vaccinated because of Ontario's compulsory measles vaccination program for school children.

About 20 cases of red measles are reported in Ottawa each year.

Measles is transmitted through the air — by coughing, for example — and is infectious before symptoms appear.

Red measles is best recognized by an eruption of red spots on the child's body. In extreme cases, the disease can cause deafness and pneumonia.

In the Outaouais, the number of confirmed cases of red measles among school children has jumped to 43.

/9274
CSO: 5420/33

COLOMBIA

HUMAN

NEW POLIO VIRUS REPORTED

Bogota EL TIEMPO in Spanish 2 Jun 87 p 9-A

[Article by Lucevin Gomez, editor]

[Text] A new polio virus was discovered in Llanos Orientales and Territorios Nacionales, according to the director of the Epidemiology Division of the Ministry of Public Health, Guillermo Gacharna.

This discovery, made by the U.S. CDC [Center for Disease Control], has placed health authorities on alert. They made an urgent appeal to parents to vaccinate their children against polio, especially those under 5.

The Epidemiological Division of the Ministry of Public Health sent the CDC the three types of virus (strains I, II, III) causing polio in the country so that they could study their molecular composition.

The study done by Dr Recera Rizzo established that one of the types of polio virus (strain I) was different in molecular structure from the other strains studied by the CDC.

Like the other viruses that have traditionally circulated in the country, it also causes infantile paralysis.

The U.S. institute also verified that the polio virus that has always circulated on the Atlantic Coast, in Choco, and other areas in western Colombia is similar to the one detected in Israel and Jordan.

It also established that the genetic characteristics of the new polio virus circulating in eastern Colombia are identical to the type of polio in Honduras.

Acute poliomyelitis is the disease preventable by vaccine that has decreased most in Colombia in recent years. Its incidence went down from 2 for every 100,000 inhabitants (in 1980) to 0.4 (1985).

This reduction is verified by comparing the number of cases recorded in the first months of 1986 (15) to those in 1987 (5 so far).

Despite these achievements as a result of vaccination campaigns, deaths from polio continue to occur in the country. It is estimated that about 5 percent of the deaths caused by diseases preventable by vaccine are caused by acute paralysis.

According to Gacharna, there have been deaths from polio because the victims were not vaccinated in time.

For fear of uncontrollable epidemic outbreaks of polio, mostly because of the discovery of the new virus, the Ministry of Public Health announced reinforced polio prevention programs.

Vaccination is the only way to prevent the disease. Therefore, the director of the Epidemiology Division announced that the government will hold two national vaccination campaigns, one on 25 July and one on 25 September.

The Ministry of Public Health also plans a third immunization campaign in November.

7717
CSO: 5400/2059

NEARLY 80 PERCENT OF POPULATION SAID TO HAVE PARASITES

Bogota EL ESPECTADOR (BOGOTA Supplement) in Spanish 22 May 87 p 4

[Article by Rosario Herrera]

[Text] Nearly 80 percent of Colombia's population suffers from parasitic diseases, caused by the socioeconomic conditions, individuals' living habits, and the diversity of climates in the Colombian tropics. 62.2 percent of the women and 64.5 percent of the men in Colombia have parasites.

These figures were provided by the parasitologist Enrique Arciniegas, during the Second Conference of Clinical Specialties Graduates of the National University, which opened in Bogota on Wednesday [20 May] and will close on Saturday [23 May].

The parasitologist said that, although the problem in Colombia has been considerably reduced, there is still a high level of intestinal contamination, especially in the Atlantic Coast, followed by the Central, Eastern, Pacific and Bogota regions.

As the specialist explained, Bogota has the lowest incidence of parasite infestation, "since the climate is cool there, and this does not favor the biological development of parasites. The rest of the country, which has temperate and hot climates, plus high levels of humidity and organic residues in the soil, provides all the conditions that favor the spread of parasites."

Right now the doctors are most concerned about the *Trichuris*, *Ascaris*, and *Uncinaria* parasites, as they cause gastrointestinal illnesses in the patient, especially in children and young people of working age.

The main symptoms which indicate the presence of these parasites are: diarrhea, vomiting, fever, intestinal pain, nutritional changes, anemia, the possibility of invasion by other pathogens, and in some extreme cases, cardiovascular changes.

Parasites Afflict the Entire Population

From 1965 until 1980 the overall level of parasitism declined by 6 percent, while parasitism caused by pathogens (which produce disease) was reduced by 16 percent.

"But even when pathogens are not implicated, the population is still being infected by non-pathogenic agents, that is, by amoebas and protozoa in general. Even though these parasites do not cause illness, they do show that the food and water ingested are tainted with fecal matter," said the parasitologist Enrique Arciniegas.

In some regions of Colombia, environmentally-induced gastrointestinal illnesses primarily attack children between birth and the age of 6. Parasites do not take into account the age of the patient, but there they do find a suitable host, providing the requisite conditions of cleanliness, hygiene, nutrition, and health.

Based on studies done over a 15-year period, Dr Arciniegas said that, excluding Bogota and cities with similar climates, the entire country is in direct and permanent contact with parasites. "Nonetheless," he said, "the cases found in Bogota are the result of an influx of inhabitants coming from hotter climates."

Improving Living Standards

About the medications used to control and counter the action of parasites, Dr Arciniegas said that tests of various drugs have been conducted in population groups, with good indices of effectiveness.

"Nonetheless, the efficacy of these drugs is questionable, for in order to really test their effectiveness, we would need to do tests of large, properly selected population groups, and followup studies as well."

Among the actions that should be taken to attack parasitism are:

- a. The expansion of drinking water and waste disposal programs, to serve all of Colombia's population.
- b. Providing protection for workers, especially in rural areas and places which have a high risk of being in direct contact with parasites' eggs or larvae.
- c. Raising the socioeconomic, cultural, hygienic and educational level of the population.

d. The development of more effective medications to attack worms (tapeworms and hookworms) and protozoa (amoebas).

Based on statistics collected in the studies, a major disease prevention and eradication program could be carried out if the entire nation had suitable drinking water and waste disposal facilities.

At the present time only 56.2 percent of the Colombian people have drinking water service, and only 55.4 percent of the population has access to sanitary facilities.

7679

CSO: 5400/2060

INCIDENCE OF MALARIA REPORTEDLY RISES

Bogota EL TIEMPO in Spanish 1 Jun 87 p 8-A

[Text] Colombia has experienced a recrudescence of Malaria which is spreading at an alarming rate.

Records of the SEM [National Service for Malaria Eradication] indicate that, in the last 4 years, the number of people with malaria increased from 30,000 to 100,000.

It is estimated that there were about 400 deaths from this disease in 1986, according to Armando Rivera Bonilla, director of the SEM, and Jose Segundo Forero Gomez, head of the technical division.

This tropical disease was well controlled by health authorities in the 1970's. In 1983, it became one of the most common diseases among the population.

Various factors have led to a new outbreak of this tropical disease: less spraying to eradicate the mosquito; the mosquito's resistance to insecticides; the location of the country in a tropical zone; the extensive jungle territory; and unplanned settlements.

Moreover, problems with public order and drug traffic have had an effect, according to Forero Gomez. Both have impeded action by SEM officials in endemic areas like Llanos Orientales and Amazonia.

According to an SEM report, about 19 million Colombians live in areas favorable for the development of malaria. Some 5 million of these people reside in high-risk areas like: Amazonas with 28,580 cases in 1986; Costa Pacifica, 10,526 cases; Magdalena Medio, 2,056; Uraba and lower Cauca, 15,706; Catatumbo, 1,608; and Sarare, 2,664 cases.

Due to the fact that malaria has become widespread in the three Americas (North, Central, and South) in recent years, two international health organizations--WHO and PAHO--convoked the Fifth Meeting of Directors of Malaria Eradication Services and Health.

That meeting will begin this Monday, 1 June, in Bogota. The executive director of PAHO, Carlyle Guerra de Macedo, will attend.

DENMARK/GREENLAND

HUMAN

DENMARK SEARCHING FOR FUNDS TO WAGE ANTI-AIDS CAMPAIGN

Copenhagen BERLINGSKE TIDENDE in Danish 29 May 87 p 1

[Article by Ole Dall: "Millions for Fight Against AIDS in Greenland"]

[Text] "It is quite certain that the AIDS fight in Greenland should not be delayed due to economic considerations," said Minister for Greenland Affairs Tom Hoyem (Center-Democrat). Hoyem is now giving heed to the appeal from the Health Directorate and the Greenland Surgeon General for a marked effort against AIDS on the world's largest island.

"We are now going through all our budgets to find 2-3 million kroner, which is what the proposed campaign will cost. AIDS is terrible, but one can't even dare to imagine what the consequences would be if the illness comes to Greenland. It is quite certain that the AIDS fight in Greenland should not be delayed due to economic considerations," said the Greenland affairs minister.

It was a syphilis epidemic in Greenland which caused Surgeon General J. P. Brangstrup to sound the alarm 2 weeks ago, when he spoke to BERLINGSKE TIDENDE of a "last warning" for avoiding an AIDS catastrophe.

The Health Directorate [of Denmark] has, among other efforts, pointed out the need for a preventive campaign in Greenland. The inhabitants are to be taught to use condoms through a big campaign.

Other initiatives in the attempt to prevent an AIDS explosion in Greenland are expected to include appointment of doctors specializing in venereal diseases, follow-up studies in areas with many syphilis cases and AIDS testing of persons with venereal diseases.

/6662
CSO: 5400/2481

PAPERS REPORT ASPECTS OF AIDS PROBLEM IN HONG KONG

More Victims Discovered

Hong Kong SOUTH CHINA MORNING POST in English 19 May 87 p 1

[Article by Sa Ni Harte]

[Text]

ELEVEN more people were found to have been infected by the AIDS virus in the first quarter of this year.

This brings the number of people in Hongkong exposed to Acquired Immune Deficiency Syndrome to 83 — including four confirmed AIDS patients who have died and 45 haemophiliacs.

Eleven are no longer in Hongkong. Only two are women.

During the first three months of this year, 8,425 people were tested for AIDS by the Virus Unit of the Medical and Health Department.

Of these, 11 males tested positive for the HIV (human immuno-deficiency virus) antibody. They included one haemophiliac, one who acquired the disease overseas through a blood transfusion, seven who acquired it through sexual contacts and two unknown cases.

Out of the 11, three were Chinese, six were expatriates and two unknown because only the blood, without further details, was referred from private practitioners.

There was a sixfold increase in the number of referrals from private practitioners for the HIV antibody

test — from a previous quarterly average of 35 to 224. Five were found to have the AIDS antibody.

Three people who tested positive for HIV antibody were from 443 referrals from Government hospitals and clinics; two out of 7,600 were from social hygiene clinics and one case came from 21 haemophiliacs who received regular treatment with blood products before these were made virus-free in 1985 by a form of compulsory heat treatment.

The chairman of the Government's scientific working group in charge of monitoring the AIDS problem, Dr E.K. Yeoh, said yesterday the latest figures indicated the extent of infection in people who came forward for testing had not increased.

"The proportion of the people who tested positive, compared with the number of tests, is similar to previous quarters," he said after releasing the latest statistics on the AIDS surveillance program.

Dr Yeoh said the increase in referrals from private practitioners showed more people had come forward for blood tests because of increased Government publicity.

Asked if the Government was certain all cases of AIDS in Hongkong had been identified, Dr Yeoh said: "We can't be certain of all cases but we have had good co-operation from the private sector, even in terms of people detected with antibody positive."

He said the Government could not use coercion in getting information on people with AIDS.

"We just want general information, which is necessary for the Government to keep tabs on the situation."

If the Government tried other methods, people would have to divulge intimate details which would prevent them from coming forward, he said.

Since April 1985, a total of 46,818 people had been tested and, so far, 83 had been found positive.

During the quarter ending this March, the Hongkong Red Cross Blood Transfusion Service had also carried out HIV tests on 38,869 blood donors and one of them was found to be positive.

Since its mass screening program in August 1985, the number of blood donor units tested by the Red Cross for the AIDS antibody totalled 232,945.

Four blood donor units were found to be infected by the virus to date.

Since the Government intensified its education and publicity campaign on AIDS last month, the AIDS counselling service had received 2,411 calls.

Meanwhile, the Medical

and Health Department also announced preliminary findings of a survey to test people's awareness and knowledge of AIDS.

It found virtually all adults were aware of AIDS, with television and newspapers being the primary sources of awareness.

School Children Carriers

Hong Kong SUNDAY STANDARD in English 10 May 87 p 1

[Article by Aruna Kulatunga]

[Text]

SEVERAL dozen school children in Hongkong could be carriers of the deadly AIDS virus.

The chairman of the Government's Scientific Working Group on AIDS, Dr Yeoh Eng-kiong, told *The Sunday Standard* a recent survey has indicated at least 0.01 percent of school children to be AIDS virus carriers.

With nearly half a million students enrolled in secondary schools alone, this small percentage translates into about 50 students as possible carriers.

But Dr Yeoh said he considers the spread of hepatitis B virus among school children to be more dangerous than the spread of AIDS.

He had just completed speaking to secondary school teachers on AIDS and other blood-borne diseases at an Education Department and Medical and Health Department joint-sponsored seminar.

"One in ten of our school children is a hepatitis B carrier," he said.

"At least 25 percent of them could end up with liver cancer or cirrhosis or become chronic hepatitis sufferers.

"The hepatitis B virus is 100 times more infectious than the AIDS virus. It could infect any one who had been exposed to it, unlike the AIDS virus, which infects only about 1.5 percent of those exposed to the virus," Dr Yeoh said.

Meanwhile, other senior officials from the Medical and Health Department, including the Secretary for Health and Welfare, Mr John Chambers, professed they have no knowledge of a survey carried out to test for AIDS among school children.

Dr Yeoh indicated that the survey results are to be made public early next week.

The Medical and Health Department's chief spokeswoman, Mrs Juliana Ma, said the only survey report to come out next

week would be on an AIDS pre-campaign sampling.

This was carried out to gauge the effectiveness of the Government's current anti-AIDS campaign.

According to Dr Yeoh, the Chinese are more susceptible to hepatitis B than most other races and over 90 percent of hepatitis B carriers are Asians.

"One of the most common ways of infection of hepatitis B is through the mother to the child. The chances of the child being infected is very high."

"About 95 percent of babies who are exposed to the virus get infected while the percentage drops when you are older and your immune system is more developed," Dr Yeoh said.

Hepatitis B is one of the world's major diseases. In Hongkong, liver cancer or cirrhosis — both of which could be the result of hepatitis B infection — is the second major cause of death after lung cancer.

Dr Yeoh explained that like hepatitis, the AIDS virus itself does not kill.

"It simply destroys your white blood cells, that in turn kills your immune system, making your body open to attacks by other viruses and bacterium," he said.

The other similarity between AIDS and hepatitis B is that both are blood-transmitted diseases. "You could contract hepatitis in the same ways in which you could contract AIDS," he said.

"Blood transfusions, intravenous injections, deep kissing, all forms of sexual intercourse, all these could transmit both the hepatitis B virus and the AIDS virus.

"But the chances of one being actually infected by AIDS is much less than being infected by hepatitis B."

Dr Yeoh said no drug has yet been developed which could either cure AIDS or delay its inevitable outcome. "Those drugs

that are on the market are yet to be proven," he said. "The long term effects of drugs like Virazole, have not been studied and we in the medical profession cannot prescribe these drugs to patients without knowing the long term effects."

Dr Yeoh said only the use of condoms during sexual intercourse could prevent AIDS, but even that is not 100 percent effective as condoms might tear, be worn improperly or slip off.

"Yet this is the only way in which one could be fairly certain of preventing the spread of the disease," he said.

Executive and Legislative Council member Dr Chiu Hin-kwong, who delivered the keynote address at yesterday's seminar, called on secondary school heads and teachers to promote AIDS education in schools.

He said this would enable students to have a better understanding of the disease and its prevention.

Apart from the efforts of the Government to educate members of the public, Dr Chiu urged participants at yesterday's seminar to take the message about the disease and measures to prevent it to school children as well as their parents.

Segregation Ruled Out

Hong Kong SOUTH CHINA MORNING POST in English 21 May 87 p 4

[Text]

THE Government has ruled out the possibility of segregating AIDS-infected patients from members of the public and believes it is virtually impossible to introduce legislation penalising carriers of the killer disease if they fail to warn their partners before sexual activity.

The Secretary for Health and Welfare, Mr John Chambers, was replying to a question from Mr Chan Kam-chuen.

Mr Chambers said provided that hospitals adopted proper measures AIDS was not particularly contagious except through specific sexual practices.

He said the Government believed it was quite satisfactory to treat AIDS patients in ordinary hospitals.

Mr Chan had suggested segregating them in the same way as leprosy patients used to be treated at Hei Ling Chau.

Mrs Pauline Ng, suggested the law punishing any AIDS carrier who did not warn his partner of his condition.

Mr Chambers said he doubted the effectiveness of any legislation aimed preventing the spread of AIDS.

He also said there was no firm evidence that homosexuals were reluctant to undergo AIDS tests because of the

THREE councillors came up with novel ideas on the AIDS problem yesterday, but most were rejected out of hand.

Mrs Pauline Ng, a teacher, said the Government should pass a law to punish any AIDS carrier who did not warn his partner before the act.

But the Secretary for Health and Welfare, Mr John Chambers, dismissed the idea, saying it would be impossible to legislate for such an eventuality.

The gallery – packed with teachers, pupils and journalists – appeared to agree with Mr Chambers.

Mr Chan Kam-chuen – who has often spoken out against pornography, decadence and sin – said AIDS carriers and victims should be dispatched to a remote island.

law against homosexuality, as suggested by councillor, Mr Martin Lee.

However he admitted there was difficulty in getting the message about AIDS across to high-risk groups such as homosexuals and drug-addicts.

The health secretary refuted a suggestion by councillor, Dr Chiu Hin-kwong that students, including those in kindergartens, were among the priority target group for AIDS education.

"If he (Dr Chiu) has evidence that this is so, I shall be glad to take note of it and do whatever is necessary," he said.

Mr Chambers said publicity was the best way the Government could try to prevent the spread of AIDS.

The haven, like a leper colony, would leave the blighted a lot of time to do whatever they did, he said.

That, too, was out of the question, not to mention inhumane, Mr Chambers said.

Mr Jackie Chan, a councillor from redlight Mongkok, suggested the Government pasted up warning posters at brothels, public baths, night clubs and massage parlours.

He said promiscuity – and sodomy in particular – was the cause of AIDS. To stamp it out, the Government should take the anti-AIDS ad campaign right to the dens of iniquity.

Mr Chambers said managements would surely object to the posters, not to mention the pasters.

● Mass screening of all donated blood;

● The establishment of a special counselling clinic for people at risk of contracting AIDS;

● The launching of an education campaign on ways of controlling and preventing AIDS.

Mr Chambers said the central health education unit of the Medical and Health Department started disseminating information on AIDS as early as 1983, with intensification of efforts two years ago.

He said that in view of the increased threat posed by the disease, an inter-departmental committee had been established in January to organise a public education campaign.

Free Drug Trial Rejected

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 31 May 87 p 1

[Article by Kate Southam]

[Text]

Dr E.K. Yeoh, a Medical and Health Department senior consultant and member of Hongkong's three AIDS committees, has already contacted Burroughs Wellcome to arrange shipments of AZT when needed.

AIDS victim Tim said: "I have enlarged lymph nodes, one of the classic symptoms of pre-AIDS. Four days after I started taking ribavirin the discomfort decreased substantially.

"The main side effect of ribavirin is anaemia (a deficiency in red blood cells and/or haemoglobin) which is instantly reversed when the user goes off the drug.

"In the year I have been taking it I have had no side effects, but I make sure I maintain an anaemia check-ups.

"I am not asking the medical authorities to endorse the drug. I know they can't, but I am asking them to inform patients about this new option.

"I certainly don't want to fight the doctors. I know they have a huge medical, ethical, legal and social problem."

Tim said it was important AIDS victims knew they could play an active part in their own treatment.

"There is a lot of talk about side-effects in experimental AIDS drugs, but the ultimate side effect is death. AIDS kills a thousand times more people than all the experimental drugs put together. People facing death deserve better."

"The drug does not upset my stomach and I have not missed a day from work. Sometimes I remember how well I used to feel. Now I get up every morning and check my legs for lesions (a symptom of full-blown AIDS).

"When I don't find any I know it's going to be a good day."

Tim said he was not worried about himself as he had a good backup network and constant access to updated information.

"But I am worried about other patients here . . . and I feel it is my duty to try to educate people and try to change attitudes," he said.

Referring to the well organised information and voluntary health networks overseas, he added: "Hongkong people should really be ashamed of themselves for building one of the least compassionate societies in the world."

THE Medical and Health Department has turned down an offer to clinically test free of charge an American drug which appears to prolong the life of AIDS victims.

The drug, ribavirin, has shown positive signs of delaying the onset of full-blown AIDS in overseas clinical trials.

The drug can be bought over the counter in Hongkong, unlike the United States where AIDS victims regularly have to journey over the Mexican border to buy it.

A local AIDS sufferer, disappointed by the Government's stand, has already volunteered to test the drug if the department agrees.

The man, who wants to be identified only as Tim, has developed AIDS Related Complex (ARC) and is taking 1,000 milligrams of ribavirin daily at a cost of \$3,000 a month.

Ribavirin, which appears to be able to treat a wide range of viruses, was developed by a Californian company 17 years ago to treat a rare childhood disease.

Although it has not been approved by the US Federal Drug Administration (FDA) for AIDS patients, the US Army has tested the drug and applied for a licence to use it to treat two kinds of tropical disease.

Ribavirin is also being used to combat common childhood diseases such as measles and influenza.

Mr Kenneth Hui, pharmaceutical head of the Hongkong firm, Jebsen & Co, said the ribavirin equivalent, Virazole, was offered free of charge to the Medical and Health Department four weeks ago.

Mr Hui said the company was not promoting Virazole as an AIDS treatment "because it would be unethical to do so until the FDA gives approval."

Dr Patrick Li, head of the Government's AIDS counselling clinic, said the Medical and Health Department was also waiting for FDA approval before using ribavirin.

Dr Li said patients attending the Government clinic were now told about experimental drugs. This included ICN-manufactured ribavirin and another US drug, AZT, made by Burroughs Wellcome.

Government Campaign Inadequate

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 17 May 87 p 8

[Editorial]

[Text]

THE much-heralded and much-needed Government campaign against AIDS which promised everything is now showing all the signs of petering out. While it may have begun with a reasonably tough line, the second part of a "strategy" of informing Hongkong residents of the dangers of the fatal disease has all the hallmarks of a total waste of money.

The reason, according to Government spokesmen, is that most paranoid of paranoid words which is trotted out every time there is a need to avoid an issue or when it is not clear on how to approach one. "Sensitivity", says the Government, is the reason why the territory is about to embark on a poor excuse for a public awareness campaign which will have little or no effect and present a danger to the good work already done.

The second phase of the Government's campaign — which follows the pyramid-plan advertising in which we are all told that when we have sex with someone it is, in AIDS terms, like having sex with every person our partner has had sex with in the past seven years — centres around advertising the use of condoms.

Initially, when the Government talked about this phase, it talked tough; it was going to the Television and Entertainment Licensing Authority (you know, the group that thinks it is acceptable for adults to blow their brains out on prime-time children's television) and it would be surprised if TELA did not agree to relax its rules in the circumstances. TELA, thankfully, was presented with little choice but to agree.

But, said TELA, this approval was only for the Government and would not include manufacturers. The Government could say "use condoms" but the people who made them couldn't say "use ours". The reason? Well, it was that important word "sensitivity".

We were told that the public might be

offended by manufacturers showing their wares on television, a completely questionable premise for which no one so far has presented any supporting evidence.

It is obviously of little relevance that anyone who shops in a supermarket in Hongkong can't help but see packets of condoms lined up in racks at the check-outs. Equally obvious is the fact that we don't need condom advertisements to be offended on Hongkong television, particularly the English-language channels; almost by nature their programming alone is capable of doing this.

Now, "sensitivity" is being used again by the Government to sidestep the real issues when it takes its condom advertising to our television screens. We are told that "everyone knows what a condom looks like, so why should they be shown on television, particularly when they might offend someone?" The corollary is, of course, that since everyone knows what they look like then it is unlikely anyone will be offended by seeing them on television.

The important thing here is not one of arguing rationale but that by taking this course the Government is demonstrating it is not prepared to tackle the issue head-on. It is a sign of weakness to use public funds to tell only half of the story and in the nicest possible way.

There is nothing nice about AIDS. As one researcher puts it: "It is the plague of the millennium. The devil himself could not have devised a better way to destroy mankind; it is a disease for which there is no known cure, which is indiscriminatory and which is passed on by an act of love".

In Hongkong, it seems we are too "sensitive" to attack the problem as we should, despite the fact that more people here will die from it. If that statement is considered alarmist by some then they are demonstrating ignorance of the dire consequences of a society being exposed to the AIDS virus. Fact: AIDS will kill more people in Hongkong.

However, by making this latest decision the Government is turning away from what experts have been warning about since the disease was first diagnosed in America in the late 1970s. It also means those responsible are contributing to the ignorance about AIDS in the territory, an ignorance first manifested when one of the ignorant decided to claim that, for some reason, Asians appeared to be immune to the disease.

Today we know the truth. Asians are just as much at risk as any other race of people.

Hongkong's young people, arguably more sexually active than their parents were at a similar age, are potential AIDS victims. Many will walk into the trap, totally unprepared, because of their ignorance.

Young people always tend to exaggerate on how much they know on any subject. Many pretend, many believe that they know all about sex when in fact they don't.

The sight of a condom on television might even shock some of them. But there are bigger shocks than that in store for them before their sex education is complete. The risk of shocking young people, and possibly their parents, pales into insignificance alongside the chance to save just one of them from the most dreaded scourge of our time.

Sensitivity is no longer the issue. Saving lives is what the anti-AIDS campaign is all about and if shock tactics are needed to achieve that aim then so be it.

To continue to approach this campaign in a half-hearted, low-key manner is to risk leaving a large sector of the population wide open to the biggest shock of all — namely, the grim news one day that they are infected with the deadly virus which means near-certain death, for them and others.

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CSO: 5450/0151

B

RABIES SCARE OVER ON HONG KONG, ARISES IN NEW TERRITORIES

Ends in Stanley

Hong Kong HONGKONG STANDARD in English 19 May 87 p 1

[Article by Tonny Chan]

[Text]

STANLEY'S rabies scare that wasn't ended officially yesterday.

The Medical and Health Department announced that the man who "went berserk" in a restaurant after being bitten by a dog does not have the deadly disease.

He is under observation in a psychiatric hospital — where he was moved after the feared symptoms did not develop.

The alert, which led to a big roundup of strays in the Stanley area, was sounded on April 22 after Mr Lo Tsab-hin began acting oddly in a Wanchai restaurant, three days after a dog bit him on the heel in his home village at Ma Hang Gap

Mr Lo had been under observation in Princess Margaret Hospital ever since, until May 6 when he was transferred to Kwai Chung Hospital.

The MHD spokesman said he was transferred because it was "thought necessary". He would not say whether Mr Lo had a mental illness.

He said tests to determine if Mr Lo had rabies had been done for weeks and negative results were obtained yesterday.

If the tests had been positive, it would have been the first case of rabies on Hongkong Island for at least seven years. The

urban areas of Hongkong and Kowloon are considered rabies-free.

A Stanley resident said last night he was glad the case was finally closed, although residents had relaxed as time went by and no symptoms had developed.

"We were worried for the first couple of days though, when the authorities were rounding up dogs all over the place," he said.

Mr Lo was bitten by a dog while he was at work late last month.

He was taken to hospital three days later when a kettle of hot water overturned in the Johnston Road restaurant.

A waiter said he had "gone berserk".

Mr Lo's daughter, Lo Sau-lam, 8, said later that her father had been acting strangely after being bitten by the dog.

Mr Lo's wife and two children are living in Macau. He has been living with his mother and three other children in Stanley for about seven years.

His family has been issued with a temporary assistance of \$1,425 by the Social Welfare Department which will review the situation in a few days to decide whether to continue with the public assistance.

Confirmed in Ta Kwu Ling

Hong Kong HONGKONG STANDARD in English 29 May 87 p 1

[Article by Henry Leung]

[Text]

A 71-YEAR-OLD grandfather who took in a stray puppy because he thought it would bring him luck is under treatment for rabies after the dog bit him and two children.

The Ta Kwu Ling area in the New Territories, where the man lives, was yesterday declared rabies-infected.

Dog control staff from the Agriculture and Fisheries Department mounted a round-up of strays in the area — and a senior department official urged people to report any dog bites promptly.

The three victims, Mr Hau For-tai, 71, his grandson, Kar-hang, 8, and Leung Chi-wai, also 8, had not developed any symptoms last night.

Mr Hau, a stall-holder in Sing Ping San Chuen, said yesterday that a three-month-old mixed-breed puppy had strayed into his stall more than a month ago.

Because of a Chinese belief that a stray dog can bring a family luck, Mr Hau kept it.

Last week, the dog went missing, but returned a day later limping, then began acting strangely, Mr Hau said.

As he was feeding it on Tuesday, it bit him on the hand. Later, he found that it had also bitten the two boys.

The dog was sent to Shek Wu Hui Government Kennel in the afternoon, and it died the next morning.

The Medical and Health Department confirmed yesterday morning that the dog was rabid.

The Senior Veterinary Officer of the Agriculture and Fisheries Department, Dr Norman Cheng, said that the case was not reported until the victim's daughter met a team of dog-control staff working in the area later that day, who advised her to call the police.

Speaking at a press conference to announce the new rabies-infected area, Mr Cheng said it was essential that such cases be reported promptly because it could save a life.

Also, he said, people who failed to do so were liable to a fine of up to \$5,000 and six months' jail.

The new rabies-infected area, in effect today, includes Ping Yeung, Ping Che, Tai Po Tin, Shan Kai Wat and Sing Ping San Chuen. The nearby Closed Frontier Area is already designated rabies-infected.

The latest case is the first since November, 1986, and the 38th since the the deadly disease reappeared in Hongkong.

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CSO: 5450/0150

11

ICELAND

HUMAN

BRIEFS

AIDS CARRIER HOUSE ARREST--(Ritzaus Bureau) The Icelandic health authorities on Friday [22 May] for the first time took the step of placing an AIDS-infected Icelander under so-called strict house arrest with police guarding. According to the Health Director of Reykjavik, the authorities felt compelled to place a young woman under strict house arrest because of her "irresponsible sexual conduct," as stated in the Health Director's report. According to an old Icelandic law, the country's health authorities have the right to issue an order of isolation for carriers of contagious, life-threatening diseases. However, this is the first time that the law has been applied with regard to an AIDS-infected person. [Text] [Copenhagen INFORMATION in Danish 23-24 May 87 p 3] /6662

CSO: 5400/2482

HEPATITIS, VIRAL MENINGITIS REPORTED IN PATNA

Calcutta THE STATESMAN in English 14 May 87 p 4

[Text] PATNA, May 13.—200 persons, including children, are feared to have died of viral hepatitis and meningitis in Patna within a month. The officials put the toll at little more than 100 from the recorded cases of deaths in two Government medical college hospitals. There is no official count of numerous deaths that have taken place in the recent weeks at private nursing homes and clinics.

As the diseases have taken an endemic form, on an average 20 to 30 people die every day in hospitals and clinics. No step has been taken by the State Government to contain the diseases since the Health Department officials feel that the situation "is not alarming".

The Chief Minister or for that matter the State Government is busy holding the "Jan Chetna" campaign to educate the people about the threat to the country and the Government, at the Centre from the forces of destabilization. Even the normal warnings to the people to take precautionary measures have not been issued half the city's one million population stands exposed to the viral diseases.

A visit to the Patna Medical College Hospital showed that the casualty register was full of names

of those who have died of hepatitis and meningitis in the recent past few days. Doctors say that there is let up in the flow of patients and half the cases come at the "terminal stage". The terminal patients have no chance of survival. Even those who could be cured are being thrown into the jaws of death since basic drugs are not available in the hospital.

Doctors admit that proper diagnosis of meningitis is not possible because medical equipment never function in the hospital. The task to face the challenge to save the patients in both the medical colleges of Patna and Nalanda are left to junior doctors. There have been instances in which patients have died because "disposable syringes" are not available in the hospital. The syringe used in the case of a virally infected patient, if not properly sterilized (which is seldom done), could cause infection in other patients.

As the fast spreading cases of viral hepatitis are caused by contaminated water and food, Health Department officials have blamed Patna Municipal Corporation for contaminated water supply. The corporation, on its part, blames the Government for not giving sufficient funds to replace the old pipeline in the State capital that carries water to households.

/13104

CSO: 5450/0146

OUTBREAK OF MALARIA REPORTED IN COOCH BEHAR

Calcutta THE STATESMAN in English 13 May 87 p 9

[Text] AT least 10 people have died of malaria at Gopalpur and some adjoining villages in the Mathabanga police station area of Cooch Behar district, according to reports reaching Writers' Buildings on Tuesday. Several hundred people have been affected by a virulent form of malaria.

According to sources on Tuesday the epidemic cell of the State Health Department had received a message from the Chief Medical Officer of Cooch Behar in this regard. It was learnt that some of the patients had been admitted to hospital. The CMOH, Cooch Behar, also asked for an immediate supply of medicines and posting of additional doctors in his area.

A senior official of the Health Department has sent a radiogram message to the CMOH, Cooch Behar, asking for details about the malaria attacks and the exact number of people who have died or have been affected by the disease. Doctors from adjoining districts have been rushed to Cooch Behar, it is learnt.

Health Department sources said that a large number of people had died of malaria at the same villages during the corresponding period last year. It was suspected that adequate preventive steps

were not taken this year even though the disease had taken a virulent form last year.

Meanwhile, a district health officer of Nadia informed the Health Directorate on Tuesday that at least 30 people, including women and children in Karimpur Block-II, had been affected by arsenic poisoning. All of them were suffering from severe inflammation of skin and other skin problems. District health officers have collected water samples from several tubewells in the affected villages and sent them to the Dermatology department of the School of Tropical Medicine along with samples of finger nails of the affected. But the School of Tropical Medicine is yet to submit its findings to the Health Department. The Nadia district health official reportedly complained about acute shortage of medical staff in the affected areas and in some other municipal areas.

Mr K. K. Bhattacharya, Director of Health Services, left for Nadia and Murshidabad districts during the day to look into the state of health services in the two districts. Mr Bhattacharya may also visit Karimpur Block-II, to look into arsenic poisoning cases, according to sources.

/13104
CSO: 5450/0145

MEASLES EPIDEMIC SPREADS INTO MADHYA PRADESH

New Delhi PATRIOT in English 12 May 87 p 6

[Text]

Dhule, May 11 (PTI)—Dhule district collector Abhay Borwankar has sought stringent action against the medical officers of the Kathi and Mogli primary health centres which are in charge of the six villages in the Akkalkuva taluka of the district where 31 tribals including 24 children died in a measles epidemic recently.

Mr Borwankar said here today that the officers had ignored the SOS sent out well in advance by the Kotwal of Bimani village, where alone the epidemic claimed 18 victims. They had also not made the regular rounds of the villages under their circle as required and in fact, had never left the centres for the last several months, he said.

The outbreak was now under control but the taluka had been declared measles-affected and medical action was being taken accordingly, he said. The collector of the neighbouring Bharuch district of Gujarat had also been asked to take precautionary measures, he disclosed.

Meanwhile, reports of a similar epidemic hitting tribals living in the Vindhya on the Madhya Pradesh side of the Narmada had now come in, he said.

According to latest reports 20 of the 24 children who were suffering from the disease were in a serious condition. Of these 14 were girls.

Teams of medical and para-medical personnel had also been sent out across the Satpudas on a house-to-house check for the disease, the collector said.

The collector's team had been considerably delayed in reaching the affected villages due to their in accessible location, he said. The team had gone via Rajpipla and Kavadia in Gujarat following the Narmada's north bank, later crossing over to Maharashtra at Palas-Khobra village and then climbing across the Satpudas on a 25 kms long trek before reaching there, he disclosed.

BRIEFS

MORE MALARIA DEATHS--Siliguri, May 16--Malaria has claimed 14 lives so far in Mathabhanga sub-division of Coochbehar district where 15,000 people in 12 villages are down with the ailment, according to Dr A. K. Dutta, zonal officer (malaria), north Bengal, report agencies. Dr Dutta said 12 persons were killed in Gopalpur village alone where absence of blood test facilities was posing problem for diagnosis. Precautionary measures were taken to check the disease he said adding however that no medical team from Calcutta visited the affected area. [Text] [New Delhi PATRIOT in English 17 May 87 p 6] /9274

MENINGITIS IN PATNA--Patna, 15 May (UNI)--Six more people have been admitted to the Patna Medical College Hospital, raising the total number of people affected by meningitis and jaundice to 250, hospital sources said. A senior doctor at the hospital alleged that despite the state government's announcement yesterday of combating the disease, essential medicine like crystalline pennicylin and ampicillin were not available as per the requirement. There was also no provision for serum bellirubin and other tests in the emergency ward of the hospital which further handicapped the doctors. [Text] [Calcutta THE TELEGRAPH in English 16 May 87 p 5] /9274

MYSTERY DISEASE REPORTED--Nasik, 9 May (PTI)--Nineteen persons have died in the past four or five days of a mysterious disease at village Bamani, situated on the banks of the Narmada, in Dhule district of Maharashtra, according to a report received here today. Symptoms of the disease, which has not been diagnosed so far, are sudden pain in the stomach, vomitting and blisters on the body, the report said. The patients were being treated at a primary health centre near Molagi and three special medical squads, headed by the Dhule civil surgeon, Dr Vasave, have rushed to the village. [Text] [Calcutta THE TELEGRAPH in English 10 May 87 p 6] /9274

AIDS VICTIMS IN GOA--Panaji, 8 May (UNI)--Two West German nationals, suspected to be AIDS victims, will be deported shortly, the Goa law and health minister, Shaikh Hasan Haroon, said here yesterday. Mr Haroon told UNI that the deportation of Ms Gabbi Rooterest and Mr Wolfgang Etsler, now in judicial custody, would be a safety measure. Blood samples of the two had been sent to the Institute of Virology in Pune, he said adding that the health authorities and the Goa Medical College had taken precautions to check the possible spread of the disease. Our Goa correspondent adds: Father Beckenh, director of the drug rehabilitation centre of the local Seva Ashram, where Ms Gabbi Rooterest was treated for a few days, said yesterday that she had told him, that she had AIDS. [Text] [Calcutta THE TELEGRAPH in English 9 May 87 p 5] /9274

INDONESIA

HUMAN

DIARRHEA OUTBREAK IN SULAWESI

Jakarta ANTARA NEWS BULLETIN in English 3 Jun 87 p A6

[Excerpt] Palu (Central Sulawesi), 3 Jun (ANTARA)--At least 10 persons have died and 55 people hospitalized in an outbreak of diarrhoea in Palu and the surrounding area during the last two weeks.

Sources at three general hospitals here reported that prior to the Idul-Fitr last week, they had received a number of patients affected by the disease and several of them had died later.

Up to Wednesday (June 3), Palu's Anutapura Hospital had received at least 30 patients, and about 20 of them have still to be given intensive medical treatment, Undata Hospital had also treated 30 patients, while Bala Keselamantan Hospital seven patients of whom two were still being treated.

Meanwhile, head of the provincial health services Dr A. Mongi, told ANTARA that according to the reports he had received until last Saturday (May 30), seven patients had died due to the disease.

/9274
CSO: 5400/4376

IVORY COAST

HUMAN

Sweeping Vaccination Campaign Launched

Public Participation Urged

Abidjan FRATERNITE MATIN in French 7 Apr 87 pp 26, 27

[Article by Bernard Ahua: "The Event: A Vaccination Campaign: A Chance--and a Vaccination--for Every Child"]

[Excerpts] "A chance for every child." The theme of World Health Day celebrated today just about everywhere in the world. With a "plus" in our country where Alphonse Djedje Mady is launching a big national vaccination campaign at 1000 hours this morning, a campaign which, in 3 months, should reach more than 200,000 children and 100,000 pregnant women in Abidjan, before being extended to the rest of the country. A chance for every child. And a vaccination!

This morning is the opening of the big vaccination campaign which will extend until September for the city of Abidjan alone, before reaching the rest of the country. There will be, in all, nearly 2 million persons who will be directly affected by this campaign during which 1,372,000 children and 550,000 pregnant women are to be vaccinated, all this in less than a year. However, the operation beginning today will have as its aim vaccinating, over more than 3 months, 205,000 children and a little more than 100,000 pregnant women in the city of Abidjan alone.

The launching of this campaign coincides with the celebration of World Health Day which has in fact as its theme "A chance for every child."

Four-Year Decline in Vaccination Rate

The campaign initiated in our country starting today fully fits in with this dynamic. Financed by a group of international organizations (WHO, UNICEF, US/AID, Rotary International) for a value of 980 million francs, it concerns six major diseases, which match up with those provided for by WHO, except with regard to tuberculosis, excluded because of difficulties in administering the BCG vaccine, which does not go well with the mass nature of the operation, and yellow fever, unforeseen by WHO but added by our ministry.

It should be pointed out that this campaign comes at a time when, more than ever perhaps, the necessity for it is felt. In our country, the rate of children vaccinated has noticeably declined since 1983 whereas it had reached, from 1978 to 1983, the encouraging rate of 60 percent. Today, only 30 percent of the children between 2 months and 4 years of age are protected. Half as much as before, both because of means and because of a lack of information and minimal health education at the popular level. It is difficult indeed to vaccinate children when their parents hide them or more simply do not perceive the importance of this act. That is to say that the campaign opening this morning concerns not only technical workers from the Ministry of Health but also all the different authorities (political and administrative) and associations (AFI [Ivorian Women's Association], youth clubs and associations) that should pass on information and explain particularly to parents in rural areas the need for adopting a positive attitude in the face of this campaign.

It is an emergency. At present, according to figures provided by the Ministry of Health, 30 out of 100 Ivorian children are protected against the diseases most cruelly tragic for them. There remain 70 others. As for WHO, it puts forward for Africa as a whole similar figures, with a few facts in addition that speak volumes about the importance of the problem. According to the ministry, in fact "out of 1,000 children born each year in Africa, 30 die of measles, 20 of whooping cough, 10 of neonatal tetanus, 5 remain paralyzed by poliomyelitis, to say nothing of the mentally deficient, after-effects to the brain from these diseases."

Do Not Hide Your Children

Do not hide your children, do not have a panicky fear of the mild fevers that often follow the administration of a vaccine, come to all the sessions! Such should be the main lines of a necessary campaign of explanation and consciousness-raising, particularly among rural populations.

"Do not hide your children at the time of vaccination campaigns, do not hide your sick when the doctor comes to your villages. Disease is not inevitable. And above all, disease is not a shame, any more than it is a divine curse. Today, science enables us to cure most diseases, including leprosy, provided it is detected in time."

These were the words of Alphonse Djedje Mady, minister of health, at the time of his tour of Touba region last January, on the occasion of World Leprosy Day. The same remarks that he had made in the Danane region, which he was visiting as part of the campaign against forest onchocerciasis some months before. This message is more than ever valid today, when a campaign is starting up that will not fail to arouse distrust and hesitation among the people, particularly those in rural areas, who, unfortunately, do not always adopt a rational attitude in the face of illness.

In this sense, we can be pleased with the fact that the vaccination campaign beginning in Abidjan is much less affected by this attitude of rejection. Which will give all the time [needed] for the ministry workers but also the various political and administrative authorities to organize a big consciousness-raising campaign among the people.

The latter is essential, all the more since vaccination, besides the illness problems encountered, presents specific problems that are among the most complex. The first difficulty: a leper or someone suffering from onchocerciasis is knowingly hidden, sometimes with his agreement, as the minister was able to realize in Danane and Toube. But this is not always the case for a child who is not brought in for vaccination. For, and this is a difference in dimension, the latter is not (yet) sick. Why then show him to the "doctor" when he is in good health? Now, if a leper can take it upon himself to go to see the doctor or put pressure on his family circle to be taken care of, this is of course not the case for a child whose family forgets to have him vaccinated.

A second difficulty: not only is the child in question not yet sick, but he becomes sick when a vaccine is administered to him. This is at least what is thought by many parents when care has not been taken to inform them of the fact that administration of a vaccine may provoke a slight, not serious, fever. Hence, distrust on the part of people who, a priori, were not against vaccination. Now, and this is the third difficulty, this distrust, which becomes firmly established on the way, risks endangering the entire process. For the distinctive characteristic of a vaccination is that it has to be administered in several installments.

This circumstance, even more than the others, must be taken into account during consciousness-raising campaigns. Not only could mild fevers divert parents from subsequent sessions, which would make the first one useless, but it is to be expected that many parents think, in all good faith, that a single session is enough, seeing in the following sessions a mere luxury that they can do without. In other words, the vaccination campaign can be fully successful only if, besides the diligence of the workers from the Ministry of Health, there is diligence on the part of all those who are to participate in it. By bringing to those who have the greatest need for it, information likely to create full comprehension and active participation by the population in this long, but necessary, health action of the first importance.

Turnout Considered Poor

Abidjan FRATERNITE MATIN in French 17 April 1987 p 4

[Article by B. Ahua and Laman Bakayoko under the "Society" rubric:
"Vaccination Campaign: Too Few Babies Present"]

[Text] Vaccines are not out of stock, there is a sufficient number of them. Not a material problem in a general way, but other difficulties encountered by the artisans of the big vaccination campaign launched last 7 April by Minister Djedje Mady himself in the group of 10 communes that make up Greater Abidjan. A campaign which attracts too few babies, who are nevertheless those primarily concerned.

The big vaccination campaign launched by Alphonse Djedje Mady, the minister of health, will experience a first stoppage tomorrow, Saturday, after the Yopougon commune is vaccinated starting this morning. A campaign that, it will be recalled, concerns children from 2 months to 4 years of age as well as pregnant women, during which workers from the Ministry of Health were counting on vaccinating a little more than 200,000 children and 100,000 pregnant women. Yellow fever, measles, diphtheria, tetanus, whooping cough and poliomyelitis are the six endemic diseases that must be fought. It is not without difficulty that this is being done.

In the first place: the difficulty linked to a certain lack of awareness on the part of parents, who too often neglect to bring their young children to the vaccination sessions. These days, we have seen little of the very young ones from 2 to 11 months of age, who are nevertheless those primarily concerned, affirms Dr Boualou Bi Henri, assistant director preventive medicine, one of the prime contractors for this operation. Dr Boualou points out that the vaccine is nevertheless of the greatest benefit to a pregnant woman and to the child she is carrying. Another problem: the absence of pregnant women, who do not seem to have understood that they were concerned by this campaign carried out to protect them from neonatal tetanus, which kills so many babies at birth.

That is not all. The premises retained by the 10 communes do not always correspond to the criteria set by the Ministry of Health. For let us not forget that it is a question of vaccines, "a perishable commodity" if there is one. Let us not forget that it is in addition a question of babies and mothers often exhausted by long waits. That is why the ministry had asked the communes to make available to the population premises sufficiently vast and sheltered so that everything might progress well. Unfortunately, apart from the permanent stations already equipped for this type of operation (PMI, social center, etc.), the other premises for vaccination chosen by the municipalities do not correspond in most cases to be security standards envisaged, both for vaccines and for babies.

We will not be surprised then to see Minister Djedje Mady, followed in this by the large organizations taking part in the operation (particularly WHO and UNICEF), launch an urgent appeal to the people of Yopougon, whose vaccination begins today and will end tomorrow, Saturday. All the districts in the most populated of Abidjan's 10 communes are involved. The two Niangons as well. The permanent stations are known: the PMI, the prison and the CNPS [National Social Welfare Fund]. But the teams from the Institute of Hygiene will also be ready to get down to work in the "mobile stations," particularly the schools in the different districts. There is no doubt that the inhabitants of this commune will respond en masse to this great public health department.

9434/12828
CSO: 5400/108

TWO NEW DEATHS FROM AIDS; OFFICIAL TOTAL NOW 18

Kingston THE SUNDAY GLEANER in English 24 May 87 pp 1A, 2A

[Text]

TWO MORE JAMAICANS have died from Acquired Immune Deficiency Syndrome (AIDS), according to the Ministry of Health. This brings to 18 the number of Jamaicans who have been officially reported to have had clinical manifestation of the disease.

The Minister of State in the Ministry, the Hon. Karl Samuda, told the Gleaner that of the two most recent deaths, one person was from St. James and the other was a Kingston food vendor.

The food vendor, the most recent case, was only detected a few days before he died and he was being treated at the National Chest Hospital before he died "a couple of weeks ago," Mr. Samuda said. Both persons, he said, died over the last month.

Of the 18 Jamaicans who have contracted the disease 15 have died; 13 contracted the disease abroad, but it is not yet known whether the two who died recently contracted the disease here or abroad.

Mr. Samuda said that the three persons alive were: a farm worker from St. James, a male from St. Catherine and a four-year-old girl, who it is felt contracted the disease

from her mother whose tests show that she has a strong positive response to the disease.

The Minister said that these three persons were not in hospital but at their homes and were visited by doctors.

A release from the Ministry in February had put the total of AIDS victims in Jamaica at 16.

Mr. Samuda said that the Ministry was concerned over the time it took for the Ministry to get the results of tests of people who were detected with the disease. He said that the samples were sent to the Caribbean Epidemiological Centre in Trinidad and it was "months" before they were returned here.

He said that the Ministry was "actively" looking into the idea of setting up special voluntary screening clinics.

The major high risk groups in the series of persons who have had the disease here have been: homosexuals who are mainly congregated in the Corporate Area; farm workers and seamen.

Reported AIDS cases around the world have risen to 46,628 in more than 100 countries, according to the World Health Organization in its latest report. The United States had the highest tally with 33,720 cases while Europe reported 4,903 and Africa 3,538 cases.

/9274
CSO: 5440/110

LIBERIA

HUMAN

BRIEFS

MEASLES REPORTEDLY 'UNCONTROLLABLE'--Grand Kru County Representative Joseph Sieka has appealed to the Ministry of Health and Social Welfare to send a medical team to the country to arrest the spread of measles in the area. Representative Sieka's appeal comes in the wake of reports from the country that the disease has become uncontrollable, and has claimed the lives of many children in (Portriver) area. [Text] [Monrovia Radio ELWA in English 1710 GMT 22 May 87 AB] /9738

MEASLES OUTBREAK IN NIMBA COUNTY--Seven children are said to have died in Duale Town, Menlery District, Nimba County, as a result of measles breakout. A local official in the area, Mr Jackson Gonmi, who disclosed this to the Liberian News Agency [LINA] yesterday, said more than 19 children have contracted the disease which broke out early this month. He said the measles epidemic has caused many parents to leave Duale Town in order to save their children from the disease. Meanwhile, citizens in the area have appealed to the Health Ministry to dispatch a vaccination team to Duale Town to help bring the situation under control. When contacted by LINA, a medical director of the government hospital in Sanicole, Mr Diallo, denied knowledge of the breakout, adding I am only being informed by you. [Text] [Monrovia Radio ELWA in English 0709 GMT 18 Jun 87 AB] /9738

CSO: 5400/191

CHOLERA SITUATION LIKELY TO WORSEN

Kuala Lumpur NEW STRAITS TIMES in English 1 Jun 87 p 4

[Text]

KUALA LUMPUR, Sun. — All States have been alerted to watch out for an increase in the number of diarrhoea cases and prepare for a possible worsening of the cholera situation.

Deputy health director Dr Harbhajan Singh said the number of cholera cases reported over the next few days would determine whether the outbreak, which has mainly affected the northern States, will worsen and spread to other States.

"We expect a lot of people to travel to cholera-affected States and return after the Hari Raya.

"The incubation period for the disease is one to five days. We should have a better picture within the next five days of whether we have the situation under control."

Dr Harbhajan Singh said States, which have not been affected so far, have also been directed to watch the number of diarrhoea cases. This would indicate a possible cholera outbreak.

Nationwide tally

He said today's figures showed there was no improvement in the situation.

The number of cholera cases increased by nine with seven more carriers detected in the last 24 hours.

This brings the nationwide tally to 272 cases and 235 carriers since the outbreak last month.

Six new cholera cases were reported in Kedah — four from Alor Star and one each

from Kuala Muda and Kubang Pasu.

The rest of the new cases were from Kelantan — which reported two cases in Tumpat and Kota Baru — and Penang which reported a case in Butterworth. The patient has been admitted to the District Hospital in Yan, Kedah.

Three new carriers were detected in Ulu Perak, Perak, two in Kedah and one each from Kota Baru, Kelantan and Perlis.

Dr Harbhajan Singh said the worsening situation could be caused by public apathy or the shortage of water supply in drought-stricken States like Kedah, Kelantan, Terengganu and Perlis.

Johore, the latest State affected by the outbreak, reported a case in Batu Pahat yesterday. The victim is a woman. Her five-year-old daughter was identified as a carrier. Both are receiving treatment at the Batu Pahat District Hospital.

In Alor Star, State Medical and Health Services director Dr Peter Low said Kuala Muda with 37 cases was the worst hit district in Kedah followed by Kubang Pasu (13 cases and one death), Balling (10 cases), Kota Setar (nine), Yan (eight) and Sik and Pendang (one each).

The latest victims included a nine-year-old boy from Kampung Titi Idris, Alor Star, a 64-year-old woman from Jalan Bukit Selambau in Kuala Muda and a seven-month-old baby girl from Jalan Chang-loon, Kubang Pasu.

/9274
CSO: 5400/4378

MALAYSIA

HUMAN

RUBELLA IMMUNIZATION PROGRAM PLANNED THIS YEAR

Kuala Lumpur NEW STRAITS TIMES in English 25 May 87 p 7

[Excerpt]

KUALA LUMPUR, Sun. — A rubella immunisation programme will be launched by the Ministry of Health this year.

Negri Sembilan will be the first State to benefit, according to the Malaysian Medical Association newsletter *Berita MMA*.

"Following this, the programme will be extended to all other States over a period of two years."

The target groups that will be immunised are Forms Three and Five schoolgirls, first- and final-year female students in institutions of higher learning and female medical and paramedical staff working in units where rubella is a risk.

Female health staff, post-natal mothers and other target groups in the general population have also been identified as vaccine recipients.

/9274
CSO: 5400/4378

NICARAGUA

HUMAN

BRIEFS

TYPHOID OUTBREAK IN OCOTAL--Ocotal--There has been a new outbreak of typhoid fever in this city, causing alarm among the residents and Ministry of Health authorities. They thought they had eradicated the disease that had devastated the people of Ocotal months before. As of 12 May, the Modesto Agurcia Hospital had 40 patients with typhoid fever. Five were operated on for intestinal perforations caused by *Salmonella typhosa*. [By Henry Vargas] [Excerpt] [Managua EL NUEVO DIARIO in Spanish 18 May 87 p 4] 7717

CSO: 5400/2056

NIGER

HUMAN

AIDS DEVELOPMENTS REPORTED

'No AIDS Cases'

Niamey SAHEL DIMANCHE in French 5 Apr 87 pp 4, 5

[Article by Issaka Saidou: "AIDS Round Table: The Language of Truth"]

[Text] While "no cases have been reported," according to health officials, are there or are there not people in Niger who are infected with AIDS, that is, individuals who have been in contact with the acquired immune deficiency syndrome (AIDS) virus? What are the measures that have been adopted to deal with this disease, since it is propagating at an alarming rate pretty much throughout the world?

Ministry of Public Health and Social Affairs Secretary General Dr Mamoudou Soumaila, Director of Health Care Institutions Dr Idi Moussa Jataou and Dr Jean-Louis Pecarrer, an official of the Niamey Hospital Biology Department, broached the subject during the radio-televised round table discussion on AIDS organized on Thursday by the ORTN [Niger Radio and Television Braodcasting Office].

Ministry of Health officials' response was clear: "There are no cases of AIDS in Niger. At the clinical level no one in Niger is at present contracting or suffering from this disease." But when the first tests were completed at the Niamey Hospital Biology Laboratory (blood bank), 10 positive blood tests were recorded. In other words, 10 persons (male and female, all Niger nationals, it appears) are carriers of the AIDS virus, but they do not, in spite of that, suffer from the disease. An initial test of the serum of 220 blood donors enabled them to uncover four persons who are carriers of the virus. A second test of some 50 samples of serum--this one, among both male and female at-risk subjects who have multiple [sexual] partners--resulted in six positive blood tests.

The conclusion? Ministry of Health officials acknowledge that the AIDS virus does indeed exist in Niger; it is in circulation. We must underline the fact that this diagnosis for the moment applies only to Niamey, the capital.

Reaction to AIDS

Niamey SAHEL DIMANCHE in French 5 Apr 87 pp 4, 5

[Interview with people in the street by Boubacar Zibo: "The Psycho-Social Impact"; date and place not given]

[Excerpt] A.D. (government employee): As for me, I don't know anything about AIDS for the sole and simple reason that--before the round table discussion--we were largely informed by the media. Among other things, we had never been told whether there were or were not any cases of AIDS in Niger.

Miss Z. (single): As for me, AIDS is the least of my worries. It means absolutely nothing to me because I'm not the kind of girl who makes stupid mistakes, assuming that sexual relations constitute a primary source of infection.

T.H. (government employee): Actually, as far as I'm concerned, up to now I haven't been terribly obsessed with the thought of AIDS. But more and more with what the media--especially the Western media--orchestrate for us, from day to day I realize that the situation is getting to be alarming, even though I personally have never come across "anyone with AIDS." Now, if this is for real, just as it's reported by the Western media, there's reason for us to fear it.

S.A. (government employee): I don't know how others feel about it. But as far as I'm concerned, I follow the world news very closely. Not a day goes by that this disease is not commented on. They say it's producing disasters. Here, on our borders, among our immediate neighbors, cases of the disease are being reported. Now, I really think that our country has not been spared. If it has, we may believe in a miracle. The authorities ought to do something to reassure us, even if it were only to provide us with equipment for tracking down [the disease]. In town I've observed that many of my friends who used to be very active have ceased their activities for fear of contracting this dreaded disease. They've become model husbands due to the force of circumstances.

Y.H. (student): I'm afraid, even too much so. Since I've been listening to the Western media, reading the world news, I've never been so depressed by a catastrophe as I have been by AIDS. I've suddenly lost all appetite for sex.

It produces a void about me. AIDS, mister, is visible death.

To say that AIDS is a serious disease would really be above reality. It's implacable. It kills everyone it strikes.

11,466
CSO: 5400/109

NIGER

HUMAN

BRIEFS

326 CASES OF MEASLES REPORTED--There are 326 of them, all down with measles, but not all of them will nevertheless die. During this peak dog days season neither those who are vaccinated nor those who are not escape measles. However, in children who have been vaccinated the disease becomes benign, whereas in those not vaccinated measles is generally fatal. Between Monday, 2 March, and Sunday, 8 March, the Social Affairs and Mother and Child Protection Administration recorded 326 cases of measles at nine Mother and Child Protection centers in the commune of Niamey. "This figure is insignificant. But what hurts most," the director of the Social Affairs and Mother and Child Protection Administration remarked with bitterness, "is the fact that the majority of these 326 had not been vaccinated and this was the case despite the many awareness campaigns aimed at mothers of children and infants." The director was of the opinion that there were not yet any victims. At the Abidjan Mother and Child Protection Center alone 68 cases were counted, only 11 of whom had been vaccinated, the others having never received their "life-saving" vaccinations. [Excerpt] [Article by Boubacar Zibo] [Niamey SAHEL DIMANCHE in French 15 Mar 87 p 10] 11,466

CSO: 5400/109

NIGERIA

HUMAN

EXPERT DENIES NEW AIDS VIRUS FOUND

AB052143 Paris AFP in English 1514 GMT 5 Jun 87

[Text] Lagos, 5 Jun (AFP)--The chairman of Nigeria's AIDS panel denied Friday [5 June] that a new AIDS-related virus had been found in Nigeria, as claimed by a U.S. AIDS expert.

Dr Etim Essein, chairman of the Nigerian expert advisory panel established to combat the spread of the killer disease AIDS (Acquired Immune Deficiency Syndrome), said the presence of a new virus was "yet to be established."

Dr Essein was responding in a newspaper interview to a claim made earlier this week by Dr Robert Gallo, co-discoverer of the AIDS virus, that 10 cases of a new virus in the AIDS family had been found in Nigeria.

However in an interview published here with the Washington correspondent of the NEWS AGENCY OF NIGERIA, Dr Gallo qualified his original statement, noting that investigation was "in its early stages."

/9599

CSO: 5400/188

NIGERIA

HUMAN

BRIEFS

OYO YELLOW FEVER DEATHS--Lagos, 19 May (AFP)--In Oyo State, southwestern Nigeria, 214 people have died since the beginning of the year of an epidemic of yellow fever that is rampant there, local newspapers disclosed today, quoting WHO figures. The epidemic is apparently connected with another epidemic that claimed more than 6,000 lives in southeastern Nigeria last winter, observers noted. According to the World Health Organization, which had first put the death toll at 141, 214 people have reportedly died among 365 people affected by yellow fever and admitted to the hospitals in Oyo State. [Text] [Paris AFP in French 2021 GMT 19 May 87 AB] /9738

CEREBROSPINAL MENINGITIS DEATHS IN GONGOLA--About 160 persons died in Karim Lamido local government area of Gongola State this year as a result of cerebrospinal meningitis. More than 500 others were treated during the period. The chairman of Karim Lamido local government management council, Alhaji Shehu Mohamed, who disclosed these facts, said 59,000 people were immunized against the disease. He commended the initiators of the ORT-EPI [Oral Rehydration Therapy-Expanded Program of Immunization] programs and urged officials not to relent in their efforts to ensure that the grassroots benefited from the schemes. [Text] [Lagos Domestic Service in English 1500 GMT 20 May 87 AB] /9738

CSO: 5400/183

COUNTRY'S CAMPAIGN TO HALT AIDS SPREAD DESCRIBED

Stockholm DAGENS NYHETER in Swedish 14 Mar 87 p 20

[Article by Bjorn Lindahl: "Verdict in Norway. Wrong to Fire HIV-Infected"]

[Text] Oslo--Henki Hauge Karlsen has probably done more for those afflicted with the HIV-infection in Norway than any campaign. He received lots of sympathy when he demanded that he be allowed to keep his job in a restaurant despite being infected with the virus.

A court decreed that the firing was illegal, but the judges were not consistent. Karlsen received 50,000 kronor in damages, but he did not get his job back. He is going to appeal the verdict.

"The judges confined themselves to noting that the employer made an error in the dismissal, but they did not express an opinion on the principal question of whether HIV-infected persons have the same right to work as others. We want to test that in the court of appeals," says Tor Erling Staff, who is defending Karlsen.

The case received enormous publicity but also contributed to the trivialization of the AIDS-question. By appearing in the open, Henki Hauge Karlsen demonstrated that an HIV-infected person is a person like anyone else.

41 AIDS-Cases

At the beginning of March, 41 cases of AIDS were registered in Norway. The first one was discovered in 1983. Of those who contracted the disease, 24 have died. Homosexual or bisexual men constitute the dominant group among the AIDS-infected, a total of 31 of the cases. For the rest, two were drug users, three hemophiliacs and four heterosexual. Another person had received many transfusions before blood was being tested for AIDS. Among the 41 persons with AIDS there is one woman but no children.

The number of persons infected with the HIV-virus is considerably greater.

"It seems, however, that there are fewer than the estimates made in the United States. Instead of 100 times the number of AIDS-cases, we believe that there

are 40 times as many," says Svein-Erik Ekeid, who is the epidemiologist at the Health Directory.

That would mean less than 2,000 HIV-infected. 518 of these have been discovered by means of testing, which is completely voluntary.

After a week-long campaign in February with information about AIDS on TV, radio and in the newspapers, the number of people being tested was doubled. The number of HIV-infected discovered per week did not increased, however.

Information

The Norwegian Health Directory, which partially corresponds to the Swedish Social Welfare Board, has received 26 million kronor for AIDS-information this year. It has asked for another 60 million kronor for that purpose.

A study shows that nine out of ten Norwegians now know the most common ways of acquiring the AIDS infection.

"However, knowledge is one thing, altering your behavior is another," says Svein-Erik Ekeid.

There are positive signs. One tenth of the youth in Norway say that they have changed their sexual habits. In Oslo, the figure is 24 percent. It is not known, however, what the change consists of, whether it is fewer sexual contacts or increased use of condoms.

The campaigns that were launched only met with limited resistance and that mainly because of the focus on condoms. In a country where the largest name-gathering campaign ever concerned the distribution of condoms to the Norwegian Germany-brigade after the war, the subject is still a sensitive one, especially in the more religious parts of the country. However, even the organization for the homosexuals reacted to the campaign:

"Today it is my impression that homosexual men are portrayed as a single large condom. Naturally, we must fight AIDS in any way we can, but the fear of the disease must not be allowed to overshadow the positive aspects of the relationship between persons of the same sex," says Karen-Christen Riele, who heads the homosexuals' organization in Norway.

Lesbians

She points out that the fear of AIDS also strikes the lesbian women, despite the fact that they constitute the only group not at all affected by the HIV-infection. "At the same time as the Health Directory urged homosexual men to refrain from giving blood, they could have urged all the lesbian women to do so!"

Even in Norway, the debate has been intense about compulsory isolation of the HIV-infected. There are physicians who are demanding compulsory HIV-testing of all those who are considered as belonging to risk groups. One biology professor even suggested that those who tested positive should be marked with

a small blue heart in the groin. A new bill about compulsory measures was proposed and was met with mixed reactions just because there are certain groups that are considered especially liable to infection.

Svein-Erik Ekeid says that the new bill actually strengthens the legal rights of those who are infected. Previously there was a law from 1860 that could be used. The new law specifies that compulsory isolation may only be imposed 30 days at a time and at the most 90 days per year.

Free Syringes

There are no free syringes for drug users, but, on the other hand, there is no prohibition against buying syringes at the drug store. Much of the debate has concerned those prostitutes who are also drug users. However, there has been no debate about sauna-clubs, they do not exist in Norway.

A national association against AIDS has been formed in Norway, the first Nordic country to do so. It extends across homosexual organizations to Christian, from volunteers like the Red Cross to health-care personnel unions.

12339
CSO:5400/2454

LATEST STATISTICS ON AIDS CASES ANALYZED

Oslo AFTENPOSTEN in Norwegian 6 May 87 p 61

[Article by Hilde Harbo: "AIDS Has Taken 26 Lives So Far in Norway"]

[Text] The extent of the AIDS epidemic indicates that the illness is not just a health problem, but has consequences for all of society. These consequences have both medical, social and economic aspects, and raise ethical, legal and political questions. Because it will still be many years before a vaccine and an effective treatment of the illness will be developed, the first actions of society will be aimed at preventing further spreading of the disease and to give care and other help to those who are already infected.

In Norway as in many other countries there is disagreement as to which measures are best for preventing the spread of infection. The most important division in the debate goes between those who believe that information and voluntary compliance are the only acceptable solution, and those who believe that compulsion must be used to give HIV tests to the population and isolate either all or certain groups of those who are infected.

Those supporting compulsion argue that the interests of society in fighting AIDS must weigh more heavily than consideration for the personal integrity of the infected person. Opponents of compulsion claim that such measures will work against the intent of the treatment, and weaken the infected person's confidence in health care. They also point out that compulsory testing and confining is unethical, and furthermore is almost impossible to carry out, practically and economically.

The most emphatic supporters of compulsion advocate that the entire population have a compulsory test to find out who is HIV positive, and that the uninfected be protected by confining all those who are infected. It is also recommended that all those who are HIV positive be marked with a tattoo on the groin so that potential sex partners will be warned.

The more moderate supporters of compulsion desire to confine those who are especially dangerous for spreading infection because of, for example, open sores, those who are known to willingly infect others, and those who lead irresponsible sex lives. In their opinion, compulsory AIDS testing should be used on those individuals who threaten to infect others, to determine whether

they are carriers of the infection. Furthermore they want access to test groups in an environment where they are exposed to infection, such as patients in a hospital or inmates in prison.

Opponents of compulsion point out that confining and involuntary testing violate the principle of the rule of law. They pose questions such as in what way will it be determined that an infected person is leading an irresponsible sex life, and who will hunt down and catch infected persons who refuse to be tested. They claim that society has adequate protection under the law against those who, for example, threaten someone with bloody needles.

Opponents of compulsion also refer to experiences with a compulsory law against tuberculosis at the turn of the century, and they believe that the threat of confinement can cause the HIV infected to "go underground" and refuse to have anything to do with the health establishment, as was the case with many victims of tuberculosis. Another argument being advanced is that confinement will just mean storing the infected persons, because there is no effective treatment of the illness.

As to compulsory HIV testing, there have been a number of objections presented. It can take several weeks and months after being infected before it registers in a test. Faulty negative tests will therefore give people false security. If the purpose of such testing is to know at all times who is infected, everybody must be tested throughout their entire lives. That would be very expensive, at the expense of other important missions of the health establishment.

So far 46 cases of AIDS have been registered in Norway, and 26 of these patients are dead. Thirty-six of the cases are from the group homosexual/bisexual men, four are heterosexuals (including one woman), four are infected from blood transfusions (including three hemophiliacs), and two are drug addicts. The doubling time for the number of AIDS cases in Norway is now 12 months.

In the country's laboratories about 550 HIV positive cases have been registered, but the real number of infected persons is estimated at about 3,000. The infection is now spreading the most rapidly among abusers of injections, while the rate of spreading seems to be declining among men who have sex with men. Fully half of the HIV positive cases live in Oslo.

Norwegian health authorities estimate that between 50,000 and 100,000 Norwegians can be infected with the HIV virus by the end of the 1980's, while between 800 and 1,000 can have fully developed AIDS. Because it usually takes several years for the infection to become AIDS, most of those who will be sick by the end of the 1980's are already infected. Therefore the effect of today's big information campaign about AIDS will not be fully felt in the statistics before the 1990's.

The World Health Organization (WHO) has so far received reports of a total of 45,000 AIDS cases. But reporting and registering routines are insufficient in many countries, especially countries in the third world. Careful analysis indicates that the actual number of AIDS cases in the world is at least twice

that high, and WHO fears that between 50 and 100 million will be HIV-infected in four years.

The AIDS epidemic is costing large amounts, both for treatment, testing and preventive measures. For 1987 80 million kroner has been appropriated for AIDS measures beyond the normal Norwegian national budget, and applications for supplementary appropriations have already begun streaming in.

This year hospitals have received seven million kroner to increase treatment capacity for AIDS patients, but health authorities estimate that treatment of AIDS patients and HIV infected persons will cost 300 million in 1990. Today every AIDS patient treatment costs one million kroner per year, while the annual expense for an HIV infected person is 20,000 kroner.

In addition to the resources that each individual country is devoting to the battle against AIDS, it is becoming a greater and greater item of expense for international organizations. WHO reports that more than four billion kroner will be needed for AIDS work in 1991.

AIDS measures also comprise an increasing share of the rich countries' aid to underdeveloped countries. Norwegian aid authorities have so far this year appropriated 14 million kroner for AIDS measures, but this amount can be increased during the year.

9287
CSO:5400/2589

NORWAY

HUMAN

GOVERNMENT INSTITUTE: PHYSICIANS NOT REPORTING VENEREAL DISEASE CASES

Oslo ARBEIDERBLADET in Norwegian 29 Apr 87 p 16

[Article from NORSK TELEGRAMBYRA (NTB) "Venereal Diseases Not Being Reported"]

[Text] Trondheim. Several hundred Norwegian doctors are neglecting their duty to report to the National Institute of Public Health (SIFF) all cases of venereal diseases, hepatitis and other infectious diseases. The result is that health authorities do not have a full oversight over occurrence of infectious diseases, NTB was informed by SIFF.

Information about the negligence of doctors in reporting comes from a review by SIFF of the reporting system for infectious diseases. In 1986 SIFF sent out each week about 1950 reporting cards which doctors were to fill out to register a number of listed infectious diseases. An average of about 1150 of the reporting cards were returned to SIFF, or about 60 percent.

Assistant Supervising Doctor Sigmund Aasen at SIFF told NTB that there are several sources of error in the system, and therefore it is uncertain how many doctors each week who fail to report infectious diseases, as they are obliged to do.

9287
CSO:5400/2589

PHILIPPINES

HUMAN

MANILA MEASLES EPIDEMIC KILLS OVER 1,000 CHILDREN

HK090225 Manila Far East Broadcasting Company in English 2300 GMT 8 Jun 87

[Text] More than 1,000 children have died of measles and diarrhea in Metro Manila during the first three months of the year. This was learned yesterday [8 June] from UNICEF Executive Director James P. Grant. Measles killed 991 children in Metro Manila along while diarrhea caused 150 deaths. Grant said the diarrhea deaths could have been prevented if parents were aware of easy and cheap treatments with locally produced oral rehydration solution costing only P10. Grant called on the Filipino media to be active in informing the public of the cheap treatment for the deadly diarrhea.

The UNICEF head called on President Aquino yesterday and discussed UNICEF programs for children. Health Secretary Alfredo Bengzon and Social Welfare and Development Secretary Mita Pardo De Tavera joined the hour-long meeting at the Malacanang guesthouse. Later Grant told newsmen there is a need for the mobilization of people to curb the alarming rate wherein 300-400 Filipino children die or become permanently disabled everyday.

/9738

CSO: 5400/4377

COMPARATIVE SURVEY OF MAJOR PUBLIC HEALTH CHANGES

Warsaw ZDROWIE PUBLICZNE in Polish Vol XCVII No 12, Dec 86 pp 485-488

[Article by Miroslaw Wysocki, Janusz Bejnarowicz and Maria Chanska, Medical Statistics Department of the State Institution of Hygiene in Warsaw: "Important Changes in the State of Human Health in Poland in 1985 As Compared to 1984 and Previous Years"]

[Text] The goal of the present work, a summary of the introductory report "The State of Health of the Inhabitants of Poland in 1985" which was written from April to June of 1986 at the State Institution of Hygiene in Warsaw, is to describe the health of the Polish population on the basis of analysis of routine and often preliminary data from various institutions. This information was obtained from the Tuberculosis Institute, the Textiles and Chemical Industry Institute of Labor Medicine, the Institute of Oncology, the Lublin Institute of Rural Medicine, the Psychoneurological Institute and the Institute of Venerology of the Warsaw Medical Academy. Wide use was also made of materials collected and analyzed by the State Hygiene Institution.

In a more detailed version of the report which will be finished in October 1986, data from the Mother and Child Institute will be included along with the Cardiology Institute's analysis of the death rate from illnesses of the circulatory system. Furthermore, the analysis of the rate of chronic illness will be extended to include elements of the rate of illness.

In interpreting the presented data, it is worth remembering that it is hard to unequivocally determine the state of public health. There is no indicator that can be used to synthetically portray all aspects of health. The commonly used standards are usually negative in character and describe a lack of health (death or illness) rather than health itself. Most of these indicators indirectly answer questions concerning health. For example, the hospital illness rate is determined not only by the state of public health but also by access to hospital care and the possibilities for using other forms of health care. The factor for the sick rate for recorded illnesses (such as cancer) is influenced by the efficiency and completeness of medical records. Therefore, the death rate figures are a rather strong point on which to base an

assessment of public health. Death certificates are an unambiguous form of information and death records can be considered complete. This and other similar factors make it possible to assess the state of public health, especially when their values in different periods and regions are compared. One shortcoming or rather a characteristic of death rate measurements is the fact that such measures concern only the most significant illnesses that lead to death.

Presented below are the most important changes in the state of public health in Poland in 1985. The authors wish to stress that subsequent data and the more extensive planned analysis may to some extent change some of the results presented.

Summary of the More Important Changes in the State of Health in the Population of Poland in 1985

1. In comparison with 1984, there was in 1985 a drop in the number of live births from 299,0000 to 677,600 and a drop in the index of live births from 18.9 to 18.2 per thousand. Among woman of 15-44 years of age, there was a drop in the fertility factor.

The percentage of newborns with low birth weights not exceeding 2500 grams (which is a bad prognosis for the infant's survival) remained at the 1984 level of 7.8 percent. However, this figure did rise for mothers over the age of 30.

2. 1985 was the last year in which the rise in the mortality rate continued and this was above all due to a rise in the death frequency among men and women over the age of 35. At the same time, there was a drop in the frequency of death frequency among men and women from 0 to 34 years of age. The number of deaths was 381,500 and this was an increase of 16,600 or 4.3 percent over 1984. The value of the nonstandardized general death rate factor rose from 9.9 per thousand in 1984 to 10.3 per thousand in 1985. It has been estimated that this rise can be attributed to a 76-percent real rise in mortality and a 24-percent change in the population's age structure.

Interpreting the changes in the Polish population's mortality rate in the last 15 years, it is necessary to stress that in the period of 1971-1984 the per-age standardized total death factor as well as the estimated death factor for men and women reached its highest values in 1971 and 1980. The observed values in 1985 were very close to those of 1980. The mortality trends of a period of many years and especially mortality among men of 35-64 years of age place Poland in an unfavorable position as compared to other European countries.

3. In 1985 as compared to 1984, there was a further rise in the higher death rate for men. It is worth emphasizing that in principle, in the entire span of ages from 10 to 64, the higher death rate for men was greater in 1985 than in 1971. In the 20-34 age group, male mortality was three times female

mortality. The predicted life expectancy of a male child born in 1985 was 8.5 years less than that of females. At the age of 45, women have a life expectancy 4.5 years greater than that of men.

4. In 1985, the hierarchy of causes of death followed the trends of many preceding years. The greatest and most obvious growth over the 1984 figures was the percentage of deaths caused by diseases of the circulatory system (46.6 percent for men and 55.9 percent for women). In this category, the greatest increase was found in the factors for death from diseases of the brain's blood vessels.

The next most frequent cause of death was malignant tumors (18.8 percent for men and 16.1 percent for women) and the third cause was injuries and poisoning (9.9 percent for men and 3.9 percent for women). There persisted a high percentage of deaths from undetermined causes (6.0 percent for men and 7.9 percent for women).

5. 1985 was the last year in which there was a further clear rise in infant mortality (from 19.1 percent in 1984 to 18.4 percent in 1985) which can be regarded as a comprehensive factor for the standard of living and health of the population and to a certain extent also as a gauge of the quality of health care. In comparison with 1980, infant mortality dropped by 13.6 percent (from 21.3 deaths per thousand in 1980 to 18.4 per thousand in 1985). This drop was chiefly the result of a reduction in postneonatal mortality, most often exogenous. The persistence in sharp differences between provinces (from 13.4 deaths per 1000 liveborn children in Olsztyn Province to 13.7 in Bialystok Province and 26.6 per thousand in Piotrkow Trybunalski Province). It must be emphasized that Poland is still one of the European nations with a high infant mortality rate.

6. In 1985, in all hospitals (except psychiatric hospitals), about 4 million cases of illness were cured which exceeds the previous year's figure by 102,000. This was caused by a rise in the hospitalization factor of two percent over 1984 and 5 percent over 1980. This is a continuation of a long-term trend in the frequency of hospitalization which was nevertheless broken by a very strong drop in 1981. The greatest increase in the frequency of hospitalization was caused by diseases of the circulatory system and the reproductive and excretory system.

The chief causes of the hospital illness rate are diseases of the circulatory, digestive, respiratory and reproductive-excretory systems and accidents, poisonings and injuries while for women this also includes complications during pregnancy, childbirth and confinement.

7. In 1985, the absenteeism factor¹ for civilian employees was 5.31 and was about four percent lower than in 1984. The chief causes of absenteeism are illnesses of the respiratory, nervous and skeletal and muscular systems while for women, absenteeism is caused by female complaints and illnesses associated with pregnancy, childbirth and confinement. With the exception of work time

missed because of respiratory illnesses, absenteeism caused by these other problems was lower than in 1984. Absenteeism caused by work-related accidents remained at the same level as in 1984.

8. In 1985, there were more than 8500 cases of job-related illness, 121 less than in 1984. This drop occurred only among men. The highest rate of illness was noted for job-related damage to hearing, communicable diseases and infections as well as black-lung disease.

9. Recently available data about the sickness rate from malignant tumors concern the year 1983 in which about 70,000 new cases were registered. In comparison with 1982, there was another rise in the frequency of illness. This rise applied to both men (especially in the 0-4, 20-24 and 60-64 age groups) and women (in the 5-9 and 15-19 age groups). Just as in the preceding decade, men are most often affected by lung cancer (which account for more than 1/4 of all malignant tumors) and the sick rate rose 7 percent over 1982 (four percent for women) and 34 percent over 1975 (15 percent for women). Women lost often suffered from tumors of the mamilla (which account for more than 16 percent of all malignant tumors). In comparison with 1982 and 1975, the sick rate increased by 4 and 15 percent, respectively.

10. In 1985, there was further deterioration in the epidemiological situation of food poisoning, more than 22,000 cases (34 percent more than in 1984 and twice as many as in 1980) of which were recorded. The greatest increase in the sick rate was caused by *Salmonella* food poisoning. In comparison with the preceding year, the total illness caused by viral liver infections dropped by about 20 percent. The B form of this illness increased, however, by about two percent and comprised about 39 percent of the general number of cases.

11. In 1985, there were recorded more than 21,600 new cases of tuberculosis which was about 900 fewer than were noted in the preceding year. The lower frequency of tuberculosis was particularly noted among children and youth up to the age of 19. In comparison to 1980, the tuberculosis sick rate dropped 20 percent.

12. In 1985, about 15,000 new cases of venereal disease were recorded and there was also noted a continuing drop in the sick rate which in comparison to 1984 amounted to about 25 percent for men and women and more than 65 percent in comparison to 1980. An alarming phenomenon is the stabilization or increase in the number of cases of syphilis among men of the age of 15-24 and of girls under the age of 14. However, the latter group saw only isolated cases.

13. In 1985, there was a 7-percent drop in the rate of first-time visits to psychiatric clinics and a 12-percent increase in admissions to drug and alcohol addiction treatment centers. The most significant and continuously-growing problem is alcoholism. 1985 is the second year in a row in which there was a drop in ambulatory-recorded cases of drug addiction¹. The drop in the recorded cases of other psychiatric illnesses can partially be attributed

to the worse availability of ambulatory psychiatric care (11 clinics were closed).

This summary to the preliminary report "The State of Health of Inhabitants of Poland in 1985" only briefly surveys some of its conclusions. Persons interested in more detailed information on the topic are encouraged to read the report which can be obtained from the Department of Programs and Control, Ministry of Health and Social Welfare.

FOOTNOTES

1. Absenteeism factor =
$$\frac{\text{number of days unable to work within a given period}}{\text{number of days in the period}} \times \frac{100 \text{ percent}}{\text{average number of persons working during the period}}$$

2. The quoted figures do not include information from consultation points and clinics operated by MONAR.

12261
CSO: 5400/3018

MASA: AIDS NOT TO BE CONSIDERED NOTIFIABLE DISEASE

Johannesburg THE STAR in English 25 May 87 p 3M

[Article by Joe Openshaw]

[Text]

The Medical Association of South Africa (Masa) has decided not to pursue a recommendation made by it earlier this month that Aids become a notifiable disease and the immediate family of victims of the disease, and certain health professionals, be informed of their condition.

A statement issued by Masa says it has reversed its decision to recommend that Aids be notifiable at this stage following "discussions with interested parties, locally and overseas".

Reluctant to come forward

Masa, the Department of Health Aids Action Group, and the Aids Advisory Committee recently discussed the recommendation and Masa association says "it would appear the greater part of the international poses, medical community is not in favour of notifica- tion, the reason being that such a step may be counter

productive in that sufferers would be reluctant to come forward".

"Research from various sources indicate that, except for sexual partners of an Aids sufferer, close relatives and casual contacts are not in danger of contracting the disease or becoming carriers through the use of, for example, household articles and facilities.

"Feedback on the dangers of casual exposure and the risk to health workers is very small, in fact from all the cases reported worldwide nobody involved in the treatment of Aids sufferers has contracted the disease so far.

"Aids experts advise that apart from the normal precautions taken against any form of infection (Washing hands, wearing masks and gloves and adequately sterilising instruments), it is not necessary to implement additional measures for protection," the statement says.

"The danger of passing Aids by blood transfusion or the use of blood products has, for all practical purposes, been eliminated in this country by thorough testing by the Blood Transfusion Services, and by not importing blood products.

/9274

CSO: 5400/189

SOUTH AFRICA

HUMAN

BRIEFS

MENINGITIS IN SADF CONFIRMED--A spokesman for the South African Medical Services has confirmed that a case of meningitis has occurred at the Military Intelligence School in Kimberley. [Text] [Johannesburg THE CITIZEN in English 29 May 87 p 9] /9274

CSO: 5400/193

SWEDEN

HUMAN

STOCKHOLM AIDS CASES UP THREE HUNDRED PERCENT IN YEAR

Stockholm SVENSKA DAGBLADET in Swedish 26 Apr 87 p 14

[Article by Katarina Hjordisdotter]

[Text] The number of Stockholm dwellers affected by AIDS has more than tripled compared to last April. To date 72 people in all have fallen sick or died as a result of the immune deficiency disease.

There were 19 AIDS patients last year.

At the end of March 1987, 977 known carriers of the HIV virus had been detected. A year ago 744 infected people were found in the Stockholm area.

These statistics were compiled by Carl-Fredrik de Ron, the county doctor in charge of protecting people from contagious diseases.

"But we do not know how many people are actually infected, because the figures show only known cases among those who have allowed themselves to be tested," he said.

Many More Men

After the AIDS delegation held its big information campaign recently, the number of Stockholm residents voluntarily undergoing the test for HIV increased fivefold. But the number of virus carriers detected did not increase significantly.

"The question is who went to the public health service for AIDS tests. It is quite possible that those who are really infected did not want to be tested, while those who are less worried about it took advantage of the opportunity."

The figures from this March show that of the 977 HIV carriers, 840 are men. Half belonged to the bisexual or homosexual category. Around 40 percent are mainline drug addicts.

Blood Transfusions

Some 73 of those infected had undergone blood transfusions. Several of the HIV-positive cases involved immigrants where the source of infection could not be traced.

At the beginning of 1987 a total of 795 cases of infection had been reported. There were 56 people in Stockholm who were diagnosed as having AIDS (the actual disease).

There are currently 16 people outside the risk groups who are known to be infected. They acquired the virus both in Sweden and abroad. Sexual contacts with drug addicts or prostitutes infected with AIDS are examples of how the virus is spread outside the known risk groups.

The distribution of infection among the various groups is about the same as it was last year, including the proportion of infected people outside the so-called risk groups.

According to Carl-Fredrik de Ron, 10 to 15 new HIV carriers are turning up each month.

"I would not be terribly pessimistic if it were not for the fact that there are major shortcomings in the care given to drug addicts in Stockholm, whether we are talking about the care provided by the county or about the programs run by social service agencies. The increase of infection among drug addicts is a risk factor that cannot be ignored. I am worried that the infection will spread to other groups."

6578

CSO: 5400/2474

UGANDA

HUMAN

WHO EXPERT COMMENTS ON AIDS SITUATION IN COUNTRY

Stockholm DAGENS NYHETER in Swedish Mar 30 p 8

[Article by Anna-Maria Hagerfors: "African Sex Pattern Also In Sweden"]

[Text] Dar-Es-Salaam--The AIDS-epidemic in Africa is an alarm clock. The infection is spreading in groups with superficial and promiscuous sexual habits. The same tendencies can be found among Swedish youth. Both in Africa and in Sweden the question is now: How do we encourage risk-free sexual habits that put quality before quantity?

"AIDS in Africa is not something exotic that we in Sweden can ignore. We have a lot to learn from the experiences there."

This was said by the World Health Organization expert on AIDS-questions, Professor Frants Staugaard from Goteborg. In everyday life he holds a SIDA (Swedish International Development Authority) post as professor at the Nordic Health Service Institute. Now he is traveling around Africa at the request of WHO. He was recently in Uganda, the first country to receive help with a five-year plan for fighting AIDS. Next he will go to Ethiopia on the same business.

Frants Staugaard sees mainly two areas where we can learn from the AIDS-epidemic in Africa. The traditional sexual patterns south of the Sahara do not constitute risk behaviour. It is the Western influence and commercialization that have broken the old standards and led to extensive promiscuity.

The same tendencies can be found among risk groups in Sweden and the rest of the Western World: Sex has become a commodity, among others, that provides an immediate need-satisfaction.

That is why attitude-influencing is at least as important as high-tech solutions with vaccines and medication, according to Frants Staugaard.

"How do we encourage and maintain a sexual behaviour that puts quality before quantity--and thereby arrest the spread of the infection?" he wonders.

"The other thing we can learn from Africa is that the family can handle the care. Here the AIDS-patients are cared for at home and it is known that social contacts are not infectious."

Lesson

"It is a positive lesson for Sweden, where compulsory testing, internment and even tattoos are called for in order to really stigmatize the AIDS-victims.

"WHO is doing everything it can to counteract those dangerous trains of thought. WHO is against compulsory testing because it is one way of saying: Here we are and there they are.

"It is primitive behaviour to crucify people in that manner and it does not help us. The epidemic is global and we cannot close the borders," he says.

Frants Staugaard dislikes the four concepts: sin, shame, blame and segregation in connection with AIDS.

"RFSU (National Swedish Association for Sexual Information) is completely right when it says that 'AIDS must be fought with love, knowledge and condoms.' We must use a soft approach and our knowledge of people."

Softness

[Question] Aren't you accused of softness when you speak like this among immunologists, virologists and epidemiologists?

[Answer] Yes, it happens.

It is known that there are two camps within the World Health Organization. The one wants to concentrate on high technology: research in vaccines and medication, testing of blood donors and condoms. The other camp feels that, of course, this is important but only marginally. The most important thing is prevention by influencing the attitudes towards sex.

"The general manager of WHO recently pointed out that technology should not be over-emphasized. Despite the scientific advances, WHO does not believe that a vaccine will be developed within the next five years.

"But there are providers of help who only want to invest in medical technology and condoms. Naturally, it is easier to purchase a million condoms in various colors and distributing them. That gives a feeling of accomplishment."

Attitudes

[Question] How can one reach the people in Africa and influence them?

[Answer] Well, take examples from the five-year plan in Uganda. There WHO and the government have agreed on erecting "defense lines" among the people.

We will make use of the networks and the opinion intermediaries that already exist. Among the women, for instance, the wise old women and the "earth mothers" are in a strong position. They help with births at home, give advice on family planning and health care during the pregnancy and the months after delivery.

If the "earth mothers" are informed of the AIDS-danger, they in turn can influence the women to greater responsibility for the sake of the children.

Men Go Free

[Question] Don't the women of Africa have enough burdens already? Will the responsibility for AIDS also be placed on them--allowing the men to go free?

[Answer] It is more difficult to influence the men. It has been suggested that the medicine men could be used. They take care of the circumcision and initiation rites for young men. By strengthening and redesigning their message maybe we can influence the men to be careful of the "big syphilis."

We are also going to chart the current knowledge about sex, attitudes and sexual practices, in order to pinpoint certain target groups that ought to receive education or information. This is especially true of the teenagers.

We also want to promote the use of condoms but only as part of the solution. The risk exists that it can be perceived as an invitation to continue as before.

Furthermore, we want to improve the treatment of other sexually transmitted diseases, since they increase the risk for AIDS-infection. Naturally, better and infection-free blood transfusions are also on the program, as well as decreased use of injections.

Care

[Question] Research is under way on the development of medications which will prolong the life of AIDS-patients. Shouldn't it also be shared with the Africans?

[Answer] It is estimated that the care of AIDS-patients in the United States will amount to more than one hundred billion kronor in the year 1991. That is twenty time the entire health-care budget in Tanzania.

Consequently it is totally unrealistic to invest in expensive imported medicines that still cannot cure the AIDS-patients. Instead we suggest a short-term stay in the hospital in order to diagnose the disease and then home-care with ordinary medicines and herbal medicines, which have shown themselves able to alleviate many of the symptoms.

The extended families will receive support when they care for their relatives. On the local level there will be funds from which the families can receive money for soap, disinfectants and herbal medicines.

Frants Staugaard has studied herbal medicines among the Bushmen in the Kalahari Desert and knows what he is talking about.

"The most important thing for Africa is that the AIDS-help does not become a new isolated program, but is incorporated in a broad attack on the entire health-care system," says Frants Staugaard.

12339

CSO:5400/2454

UGANDA

HUMAN

BRIEFS

CUBAN AIDS DETECTION EQUIPMENT--Cuba has donated to Uganda some equipment for detecting AIDS and its antibodies. The equipment was handed over to the minister of health, Dr Rukhakana Rugunda, in Kampala today by the Cuban Ambassador to Uganda, Dr Angelo Nicholas. Mr Nicholas expressed satisfaction with the good relations between the two countries. He pledged his country's willingness to continue assisting Uganda especially in the medical field. Dr Ruhakana Rugunda hailed Cuba's willingness to assist Uganda, which he described as a sign to encourage Ugandans to develop their country. The minister said Uganda will soon catch up with other countries by combating infant mortality. [Text]. [Kampala Domestic Service in English 1700 GMT 26 May 87 EA] /8309

CSO: 3400/935

UNITED KINGDOM

HUMAN

BRIEFS

HEALTH-SPENDING INCREASE--Expenditure on the National Health Service has gone up by 12 per cent allowing for the rate of inflation in the six years between 1980/81 and 1986/87, according to a report by the independent King's Fund Institute. Making further allowance for special inflationary factors affecting the provision of health care, the NHS budget has grown by a little under 10 per cent in the six years, the report states. Most of the extra money has gone to family doctor services. General practitioners, dentists and pharmacists have seen their combined budget increase by an average of 4 per cent a year in real terms. In contrast, hospitals gained only 0.5 per cent in their budgets when inflation is accounted for over the first five years under review. [Text] [London THE DAILY TELEGRAPH in English 26 May 87 p 2]
[Article by Peter Pallot] /13104

CSO: 5440/107

URUGUAY

HUMAN

BRIEFS

ANOTHER AIDS VICTIM DIES--Health Minister Raul Ugarte has confirmed that another patient has died of AIDS. He added that the person with AIDS had a normal life in his house, but that he had not resumed his labor activities when he learned about his illness. The health minister stated that there are 605 cases of AIDS in the country, but that there is no contagious outbreak in the country as reported over the past few days. [Summary] [Montevideo Radio Carve in Spanish 0000 GMT 2 Jun 87 PY] /9738

CSO: 5400/2062

EXPERTS ANSWER CALLERS' QUESTIONS ON AIDS

Zagreb VJESNIK in Serbo-Croatian 17 May 87 p 7

[Article by Goranka Juresko: "AIDS Is Being Spread by a Virus of Ignorance"]

[Text] The AIDS hotline last Wednesday aroused exceptional interest on the part of NEDELJNI VJESNIK readers, since it dealt with AIDS, which at the moment is one of the most dangerous infectious diseases, one that at present is incurable. NEDELJNI VJESNIK's telephone began to ring as early as 1400 hours, although the guests arrived at 1700, and they patiently answered questions until after 1930 hours.

The guests were the specialists who at the moment certainly know the most about AIDS in Zagreb: Dr Slobodan Lang, docent, chairman of the City Health Committee and Committee for AIDS Prevention; Dr Vitomir Burek of the "Dr Fran Mihaljevic" Infectious Diseases Clinic; Dr Damir Grgicevic of the Bureau for Immunology; Dr Mijo Slade, gynecologist in the Bureau for Mother and Infant Welfare; Dr Nenad Javornik, director of the Student Polyclinic; Dr Pero Gotovac, epidemiologist of the Bureau for Health Protection of the City of Zagreb; and Jurica Malcic, lawyer from the City Secretariat for Administration and Jurisprudence. One of the interesting things about this hotline is that most of the readers either did not want to introduce themselves or did so only with initials. The reason they gave for this was the delicacy of the topic under discussion.

How Are the Tests Done

[Question] Among the questions put most frequently was the question No 1 to which an answer was sought by more than a dozen readers, which was whether mosquitoes and insects in general could be AIDS carriers?

[Answer] Studies to date have not yielded convincing results to the effect that mosquitoes can be AIDS carriers. That is, although it has been found in certain mosquitoes in Africa, that is, the presence of the AIDS virus was established, it has not been scientifically proven that mosquitoes do actually spread the disease, and it is felt that they are not carriers.

[Question] Reader J.H. of Varazdin was interested in whether in addition to the test for antibodies of the AIDS virus there is also testing for the

antigen and why do the prices of examination and analysis differ from institution to institution?

[Answer] Although officially only tests for antibodies are made, testing with antigens has also begun. However, this is not an official procedure and so far there has been relatively little experience as to the meaning of the presence of the antigen in the blood of a person in a high-risk group. Since studies are under way in the world as to the importance of the antigen, this will probably provide a final answer as to whether this will continue with large-scale testing as in the case of antibodies.

As to the double prices, it is probably a question of analysis and total examination including analysis, which certainly has a higher price.

[Question] I.N., a woman from Zagreb, is interested in whether the customary blood test (blood picture) can show or indicate possible positivity to AIDS antibodies or the disease itself?

[Answer] Aside from the specific test, that is, analysis of the blood for the antibodies of HTLV-3, there is no other analysis with which it is possible to ascertain the presence of the virus or the antibody, and thus this cannot be done with the customary blood picture.

[Question] Goran Markovic of Varazdin was interested in the role of the hepatitis B virus in the transmission of AIDS and whether vaccination against that disease also protects against AIDS?

[Answer] Although hepatitis B and AIDS may be found together in the same patient, this does not mean that there is any causal connection between them at all. That is, the two diseases may be transmitted by the same means--through the blood and sexual intercourse. But as for vaccination against hepatitis B, it offers no protection whatsoever against AIDS.

Are Kisses Dangerous?

[Question] Does a person in the "incubation" stage necessarily have to test positive, asked Marija Horvat of Bjelovar.

[Answer] A certain time has to pass before the presence of the virus is registered through the antibodies. The experts refer to this as seroconversion. It is possible for the virus to exist in a person and that person to test negative, since it takes approximately between 3 weeks and 3 months for it to register. That is why it is recommended that persons who have had risky contacts and tested negative the first time go back for another test in 3 months. Only then can one obtain a definitive answer as to whether someone is seropositive or negative.

[Question] Dijana Staresincic of Zagreb is interested in whether the AIDS virus can be transmitted by a kiss or by the droplet route?

[Answer] The answer to both questions is negative. That is, there are no convincing data to the effect that anyone has contracted AIDS from a kiss nor by the droplet route.

[Question] Tihomir Kucic of Zagreb was disturbed by the news that in spite of recommendations to the effect that the condom is the principal means of protection against this illness, the factory RIS in Zagreb is stopping production.

[Answer] In view of the new situation that has come about concerning AIDS, there is no doubt that the position of the federal administration toward the condom will have to change. That is certainly something which ought to be in an essentially more favorable position than up to now with respect to production, sale, and so on. There is no reason for concern, since quite soon we anticipate an improvement both in the supply and in the sale on the market.

[Question] Biserka Franjic, a pregnant woman in Zagreb, is concerned about stories about dental care, and she is interested in whether protective measures have begun to be taken by dentists and whether going to the dentist could hurt her unborn child?

[Answer] In addition to the education of schoolchildren and students in Zagreb, there are also lectures presented for health personnel so that they might protect both themselves and patients. That also applies to dentists, who are already using masks, nonreusable cups, nonreusable straws, and the like. So there should be no fear for pregnant women nor for anyone else concerning dentists, since the protective measures have already been carried out or are nearly complete.

[Question] Can persons who have had hepatitis B be a high-risk group concerning AIDS, asks Rada Ivanovic of Zagreb, and she is interested in whether and in what way health personnel in direct contact with the patient's blood are protected?

[Answer] Those who have contracted hepatitis B are not a high-risk group concerning AIDS. And as far as medical personnel are concerned, in order to protect both themselves and patients, they should treat everyone as a possible carrier of the antibody. In other words, take every protective measure available to them from nonreusable surgical gloves, for example, in the laboratory, to automatic pipettes in taking blood samples.

Blood From Donors Is Being Tested

[Question] Several readers asked whether one could get AIDS in swimming pools, for example, at spas?

[Answer] Since there has been no case of this kind of transmission recorded, the specialists feel that swimming pools are safe. However, it should be emphasized that the swimming pools must be maintained according to regulations so as to prevent other diseases for which swimming pools are a "source of infection."

[Question] Mirjana of Zagreb asked whether the disease could be transmitted through nasal mucus and how long the virus lives outside the body?

[Answer] The theoretical possibility of infection by this route is possible, but concentration of the virus must be high for the disease to be carried to someone else, and that does not occur in such cases. The virus lives only a few hours outside the body, since it is very sensitive and requires special conditions for development.

[Question] A concerned mother of a 13-month-old baby in Zagreb asked what danger there was of infection of her baby, who received a blood transfusion after birth?

[Answer] Analysis of the blood of voluntary donors began officially in Zagreb as of 1 January of this year, but unofficially somewhat earlier. However, as shown by analyses of blood stocks from the earlier period, at least in Zagreb infection through transfusion was almost impossible as a practical matter. So it is very likely that the baby is in no danger either. Especially since the symptoms appear in children considerably earlier than in adults: after just a few months.

[Question] Is it possible to protect the identity of persons who have tested seropositive when the data on controlling infectious diseases are analyzed in the Bureau for Health Protection of the City of Zagreb, asks a reader from Zagreb.

[Answer] With respect to any disease, especially an infectious disease, there is a need to monitor its spread. However, the patient's first and last name is not essential for this purpose, but rather recording the qualitative and quantitative aspects of the case. That is why a distinction should be made between the concern for each individual patient and defining measures for his personal protection from the disease as a problem of the population. So, the figures being gathered are aimed above all at indicating the problem and its magnitude.

[Question] What are the preventive measures being taken to guarantee that blood is healthy from voluntary donors, asked K.M. of Zagreb.

[Answer] Since the beginning of this year all the blood of voluntary donors in Zagreb has been tested for the presence of antibodies of the AIDS virus. That ought to be the practice everywhere so that the blood is safe and so that a future patient is protected in any part of the country.

What Is the Meaning of Promiscuity

[Question] Dairu Bergam of Zagreb was interested in whether it is possible in Zagreb to set up a blood bank of one's own blood in case of need?

[Answer] In view of the high costs of these transfusions of the patient's own blood, this has not been the practice in our country. However, we can expect

that in the foreseeable future it will be possible to preserve one's own blood in Zagreb.

[Question] A NEDELJNI VJESNIK reader from Varazdin asked how the disease is transmitted and how many cases there are in Zagreb?

[Answer] The main method of transmission of the disease is sexual contact and the blood, although other routes are not precluded since the virus lives in secretions. As for the number of cases in Zagreb, so far three persons with AIDS have been treated in the "Dr Fran Mihaljevic" Clinic.

[Question] Is it true that the AIDS virus has been synthesized in American laboratories, asked Marija of Zagreb.

[Answer] There is no evidence or basis for such tales about a synthetic virus.

[Question] Dragan Kukolj called in from Makarska to say that his girl friend is from Jamaica and has been experiencing unpleasantness because of it. That is, some people equate dark skin with this infectious disease, and among other things they are afraid of the consequences for their children.

[Answer] If the tests have shown that the girl is seronegative to the HTLV-3 virus, then there is no danger for the children. That is, the children can become ill only if one of the parents is carrying antibodies.

[Question] What is the significance of being promiscuous, that is, changing partners more often than is usual (which increases the risk of the disease), asks Ivica Simic of Makarska.

[Answer] That is certainly an extremely difficult question, but the point is that sexual relations should be entered into with a "known" partner, and that should be a guarantee for greater safety or for reducing the possibility of infection.

[Question] Stjepan Zizak, a shoemaker, is interested in whether it is possible to become infected with the AIDS in repairing shoes which may have come into contact with spit on the street?

[Answer] Since the sidewalk or roadway is not a suitable medium for preservation of the virus, a shoe cannot be the source of infection either. That is, the AIDS virus requires favorable moisture, warmth, and so on, and a live cell for development. Since that does not exist on the street, it does not last long.

Symptoms of the Disease

[Question] Ivan Jancic of Zagreb wants to know whether a barber could transmit AIDS in giving a shave?

[Answer] Although no such case of the disease's transmission has been recorded, it would be good for barbers, cosmeticians, and pedicurists and those in similar occupations to disinfect the instruments they work with. Boiling them or 50-percent alcohol will be sufficient for that purpose. Actually this ought to be the customary procedure not only because of AIDS, but because of other infectious diseases as well.

[Question] What are the symptoms of AIDS, and what is the longest period before the illness appears with visible signs, asks a reader from Krk.

[Answer] Among the first signs of AIDS is a weight loss greater than 10 kg, nocturnal perspiration, diarrhea, general feebleness of the organism. A period of even more than 5 years may pass before the disease appears, but a carrier of the virus may in the meantime transmit the disease to other persons, just as his reinfection with someone else positive to the AIDS virus may speed up the occurrence of the disease. That is why those who test seropositive must protect themselves against reinfection.

[Question] Captain Josko Berket of Graz called in and asked our guests to send him educational material which he might pass on to our seamen working in the company which he represents.

[Answer] In view of the specific nature of the situation, since the sailors mentioned have received literature and material on AIDS only in English, our material will arrive at the company's address within a week.

[Question] What advice do you have for children in puberty toward protecting themselves against AIDS without at the same time making them afraid of sex, was the question of a reader from Krk.

[Answer] The answer to that question is more than difficult. The general advice is to explain things as simply and understandably as possible. However, a new question arrives here as to how close parents are to their children and what is the simplest way in which to talk to them? Certainly in this delicate situation one of the saving remedies should be the school and then specialists in school medicine, and only then the parents. Perhaps they should "arm themselves" with the professional literature and attempt through inobtrusive education to explain the danger of the illness. This certainly is not an adequate answer, but parents, knowing their own child, will have to adapt what they say to the child's age, but something has to be said.

[Question] A reader from Zagreb asks whether it is true that a child with the AIDS virus has been born in Zagreb?

[Answer] It is true that a child testing positive to the AIDS virus was born in the "Dr Mladen Stojanovic" Hospital and specialists are caring for that child at this moment. It is still not known whether the disease will develop in the child. This has reminded us once again, even as a country, that we must be concerned about all forms of protection and behave responsibly. It should be mentioned that there are five possibilities for the transmission of AIDS: between homosexuals, narcotic addicts, medically (hemophilia,

transfusion, artificial insemination), transmission from mother to child, and heterosexual relations. They differ essentially in their frequency, but to concentrate solely on one of the routes of transmission would mean to open up the possibility to the others. That is why precautions must be taken as the best measure of protecting both oneself and others even in these cases.

[Box]

Where To Go for Testing?

Since there were many questions as to where one could go to have blood tested for the AIDS virus, we are providing the answer to everyone at once. The testing can be done in the "Dr Fran Mihaljovic" Infectious Diseases Clinic in Zagreb on Tuesday beginning at 1330 hours. The testing of voluntary blood donors is done in the Blood Transfusion Bureau.

All one needs for this examination is his health card or the reference from a physician in the primary health care network. The test is paid for only if one wishes to remain anonymous, which can be done--which is the situation at least at present. That is, there are plans for the blood to be tested without payment regardless of the identity and the health card. Whether or not this will succeed will most probably depend on whether society can set aside the money.

[Box]

Virus "on the Loose"

What means are most effective in killing the AIDS virus on physical objects, many people asked.

One of the most effective is sodium hypochlorite and then 100-percent hydrogen peroxide and then 50-percent alcohol, which kills the virus in between 5 and 6 minutes, formalin, glutaraldehyde, which is an ingredient in all disinfectants as well as quaternary ammonium compounds.

It is interesting that the virus is destroyed in a few minutes at a temperature of 98 degrees Celsius, while at low temperatures it survives.

[Box]

Nine Cases a Day

According to a report of the World Health Organization up to 8 May 49,132 cases of AIDS had been reported in the world. However, the number is considerably higher since all cases have not been reported, nor have all countries been sending in up-to-date reports.

Incidentally, according to recent data the highest number of cases is in the United States, 35,068, and then among the European countries France is in first place with 1,221 cases, the Federal Republic of Germany with 1,025 cases, and also on the list are the USSR with 32 cases, 1 case in China, and 8

cases in Yugoslavia. According to certain estimates, there are about 5 million people in the world infected with the virus, and every day there are nine more cases in the world. That is, the scope of the disease's spread can be indicated by the fact that the number of AIDS patients is doubling every 9 months.

7045
CSO: 5400/3020

YUGOSLAVIA

HUMAN

BRIEFS

TEN AIDS CASES REPORTED -- Belgrade, June 16 (TANJUG) -- Director of the Yugoslav Health Protection Institute Dr Branko Pocek told an Assembly of Yugoslavia Committee today that Yugoslavia, with ten reported AIDS cases, is among those countries in which the dangerous epidemic is just starting. [Excerpt] [Belgrade TANJUG in English 1415 GMT 16 Jun 87 LD]

/9738

CSO: 5400/3023

NEW AIDS FIGURES REPORTED

Harare THE HERALD in English 3 Jun 87 p 1

[Excerpt]

TESTS for the Aids virus (HIV) proved positive on 18,5 percent of patients screened in January at the Harare city health department's genito-urinary centre

Dr E. Marowa, of the city health department, told a conference in Harare on sexually transmitted diseases that STD patients were only referred to the centre from primary health care clinics if they had failed to respond to first line drug therapy, presented complications, were under 14 years of age or had suffered multiple STD attacks and needed counselling.

Of the 503 patients screened in January, 92 were found to be sero-positive using the Elisa screening test, he said.

Seventy-five of the 401 male patients (18,7 percent) and 17 of the 102 female patients (16,7 percent) were found to be zero-positive.

Most of the patients were married. Their partners were not tested.

The more than 160 delegates to the African regional conference were shown slides yesterday morning of some of the Aids patients at Zambia's university teaching hospital in Lusaka.

"The World Health Organisation has estimated that there may be up to 50 000 Aids cases in Africa and these may be the tip of the iceberg, as there may be millions of persons who are asymptomatic carriers of the Aids virus," Professor Olu Osoba told the conference on Monday.

"At least 25 African countries have so far been affected," said Prof Osoba,

saying the disease was rapidly becoming a public health problem of unprecedented magnitude in sub-Saharan Africa. In some African countries it is estimated that 70 to 100 cases per 100 000 population exists.

The Minister of Health, Dr Sydney Sekeramayi, told the conference on Monday: "We have responded to this problem on a national level. Some months back a panel of experts was established to advise the Ministry of Health on issues regarding the complex problem of Aids. We have recently embarked on a nationwide public awareness campaign," he said.

"It is generally agreed that sexual transmission accounts for the majority of HIV infections. As in other countries, we in Zimbabwe are trying to make our people realise this fact and urging them to opt for 'zero grazing'. One hopes there will be an acceptance of this free and simple preventive measure."

The blood transfusion services are screening all donors and blood donated.

/9274
CSO: 5400/193

CHILE

ANIMAL

FOOT-AND-MOUTH DISEASE REPORTED IN TALCA, LINARES

Santiago LA TERCERA in Spanish 5 May 87 p 11

[Article by R. Poblete Montenegro]

[Text] At a press conference Minister of Agriculture Jorge Prado Aranguiz said: "I would still say that the present situation involving foot and mouth disease continues to be critical and will continue to be so as long as all of the livestock are not in the valley."

The minister referred to the system of indemnification payments for farmers affected by the epidemic. He said: "Once we have set up committees made up of good men, we will make the payments, based on the finding prepared by the SAG [Agriculture and Livestock Service] at the time the livestock are slaughtered, so that this will ensure proper payment for each head of livestock sacrificed."

Prado Aranguiz emphasized that, from his point of view, he estimates that the allocation of 800 million pesos provided by his ministry and the Ministry of Finance for the payment of indemnities will be more than sufficient. He also underlined the fact that this payment is not considered an "unemployment benefit" from any point of view.

The minister of agriculture also pointed out that the present situation affecting foot-and-mouth disease continues to be critical and will continue to be so as long as not all of the livestock are in the valley. In this connection he said that there are still about 4,000 head of cattle in the Talca foothills and about 10,000 in the Linares foothills. He stated: "In any case and in order to be absolutely sure, I would say that by next September we should be able to state that foot-and-mouth disease is under control throughout the country."

Regarding the protests which have appeared in the press concerning the slaughter of livestock, which apparently were not buried, he answered firmly: "We are aware of that situation. If those animals were not buried, this was solely because they were in areas where it was very difficult, for example, to bring in the tools necessary to dig pits to bury them. In any case, we will wait for the period of the spring thaw to dynamite trenches in the ground."

Minister Prado also said that at the meeting of farmers with President Pinochet in Osorno, the farmers asked the president to continue with the present agricultural policy. He concluded: "In response to that, President Pinochet was clear in his reply to the leaders of the agricultural sector in the South, assuring them that the present policy will be continued without change."

5170

CSO: 5400/2048

CHILE

ANIMAL

BRIEFS

FOOT - AND-MOUTH OUTBREAK SPREADS--Chillan--Minister of Agriculture Jose Prado Aranguiz said here that the outbreak of foot and mouth disease in Chile is already limited to the area in which it was first recorded, affecting only the towns of Linares, Colbun, San Clemente, and Pelarco. The minister explained, however, that the situation cannot be considered completely under control until they finish bringing down all the animals summering in the mountain sector and they are properly checked. It is clear, though, that the rest of national territory is already free of problems, according to the minister. He pointed out that there has been intense work to control this outbreak of the disease that threatened the entire country. He also said that the disease was not a contributing factor to the price increase for milk. He explained that this was caused by other factors like low production due to the drought and the increased demand of the public and state organisms. [Text] [Santiago LA TERCERA DE LA HORA in Spanish 11 May 87 p 11] Linares--The appearance of a new source of foot and mouth disease in San Antonio Encina about 14 kilometers east of this city forced the SAG [Agriculture and Livestock Service] to slaughter 17 cattle Sunday afternoon. The animals belonged to two farmers named Tejos and Aguilera, according to information obtained by LA TERCERA DE LA HORA. This situation complicates the measures that the SAG was adopting to prevent the spread of the disease in the area near Linares. In addition to this source in San Antonio Encina, another appeared days earlier in the El Refugio sector some 12 kilometers northeast of the city. Some 81 cattle owned by Oscar Rosencranz had to be slaughtered. It was pointed out that there is a cattle herd of about 180 cattle in that sector threatened by foot and mouth disease. The president of the SNA [National Agricultural Association], Jose Moreno, stated that the new outbreak of foot and mouth disease detected in Linares "is predictable" because it is impossible to end the problem "one, two, three." The business leader made this statement in La Moneda after he and the executive board of the SNA met with the minister of interior. He was formally presented after having assumed his new position. [By Enrique Gutierrez] [Excerpt] [Santiago LA TERCERA DE LA HORA in Spanish 12 May 87 p 8]
7717

CSO: 5400/2055

MAURITIUS

ANIMAL

BRIEFS

DISTEMPER OUTBREAK--For several weeks now dogs have been threatened by the disease called distemper which, in most cases where 3-year-old dogs have caught the disease, ends in death. This virus disease is highly contagious and the symptoms it displays are the following: a rise in temperature, loss of appetite and the presence of a catarrhal discharge from the eyes and the nose may be observed. [Excerpt] [Port Louis LE MAURICIEN in French 16 apr 87 p 3] 11,466

CSO: 5400/109

BELIZE

PLANT

GOVERNMENT'S MED-FLY CONTROL PROGRAM CRITICIZED

Belize City THE BELIZE TIMES in English 31 May 87 p 3

[Letter to the Editor]

[Text] Dear Editor,

I am deeply disturbed with the manner in which the government is handling the control of the Mediterranean Fruit Fly. Firstly not enough information is forthcoming and secondly the peace of law abiding citizens is being tampered with.

I am a farmer from the village of San Pedro Columbia, Toledo District. I travelled by bus to Belize City recently to visit my daughter carrying for her some mangoes, plums, and limes from my farm. I listen to Radio One frequently and have not heard that these fruits could not be transported through the Stann Creek District.

At the inspection point in the Stann Creek District, the bus was stopped and the police stepped in and took away all the fruits I was carrying. I was shocked at the attitude of these officers. They treated the passengers as if they were drug traffickers and not innocent farmers.

I agree with the need for control measures to protect our agriculture, however I do not agree that the police or other military personnel should be involved in inspection measures at the check points. This is the work of agricultural experts.

More information on government's effort for the control of the med fly and agricultural personnel is definitely in order.

/s/ Cirilo Caliz

/13104
CSO: 5440/109

KILLER FUNGUS THREATENS HIMACHAL APPLE CROP

Calcutta THE TELEGRAPH in English 12 May 87 p 4

[Text] Shimla, May 11 (UNI): The dreaded apple scab has reappeared in certain pockets of Himachal Pradesh.

The disease has been reported from a number of orchards in Kulu and Shimla districts, which account for the major portion of the state's apple production.

An official spokesman told UNI here yesterday that the required fungicides were being rushed to the affected areas and the field agencies had been alerted to monitor the diseases and check its spread.

He said about two tonnes of imported "dodin" fungicide had been despatched to Kulu district and arrangements were being made to procure more.

Meanwhile, experts feel that the rise in the moisture content in the atmosphere due to unseasonal heavy rains is likely to act as a catalyst in spreading the disease.

They point out that the sudden rise in temperature after the current spell of incessant

rains and severe cold conditions, is expected to aggravate the situation.

A group of worried orchard owners told UNI that they feared the spread of the disease as the first spray of fungicides had been washed away in the current rains.

In 1983, the disease had affected almost the entire apple belt and the state government had to buy scabbed apples to destroy them as a "quarantine measure."

The scab is expected to hit the apple yield, which has already received a setback due to a series of hailstorms.

According to official estimates, about 60 per cent of the apple crop has so far been damaged in the state because of the bad weather.

The state agriculture and horticulture minister, Mr Sant Ram, said the total loss to apple and other horticulture crops was estimated at more than Rs 30 crores in Shimla, Kulu, Kangra and Solan districts. Tea bushes in Kangra district.

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CSO: 5450/0149

- END -